

*Mayor*  
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*Councilmembers*  
Lorri Bodi  
Tom French  
Jeff R. Johnson  
Mark Phillips  
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Semra Riddle  
John A. E. Wright

January 2020

## **Claim for Damages** **Information**

Please complete the claim for damages form and return to:

Evelyn Jahed, City Clerk  
City of Lake Forest Park  
17425 Ballinger Way NE  
Lake Forest Park, WA 98155

A representative of the City's insurance carrier will contact you, typically within 10 days of receipt of your claim.

### **Washington Cities Insurance Authority**

P. O. Box 88030  
Tukwila, WA 98138

Phone: 206-575-6046  
Fax: 206-575-7426

## Claim for Damages Form

*For Official Use Only*

City/Organization City of Lake Forest Park Date Received from Claimant \_\_\_\_\_

### Claimant Information

Claimant's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current residential address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Residential address at the time of the incident (if different from current address): \_\_\_\_\_

Claimant's daytime phone number (work, home or cell) \_\_\_\_\_

Claimant's email address: \_\_\_\_\_

### Incident Information

Date of the incident: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

If the incident occurred over a period of time, date of first and last occurrences:

From: \_\_\_\_\_ To: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Name, addresses and telephone numbers of all persons involved in or witness to this incident: \_\_\_\_\_

Name of all of our employees having knowledge of this incident: \_\_\_\_\_

Name, addresses and telephone numbers of all individuals not already identified above that have knowledge regarding the issues involved in this incident or knowledge of the claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the cause of the injury or damages. Explain the extent of the property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this incident been reported to law enforcement? If so, which agency and name of officer (if known).

\_\_\_\_\_

Have you filed a claim with your insurance carrier? If so, what is their name, phone number and claim number?

\_\_\_\_\_

Name address and telephone numbers of treating medical providers. Please attach billings and records if available.

\_\_\_\_\_  
\_\_\_\_\_

Please attach any other documentation that you believe support your claim's allegations

<b>*Additional Information Required for Automobile Claims Only*</b>	
License Plate # _____	Year/ Make/ Model _____
Driver Name, Address & Phone _____	
Owner Name, Address & Phone _____	
Passenger(s) Name, Address & Phone _____	

I am claiming damages in the amount of \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington the foregoing is true and correct. This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

\_\_\_\_\_

Signature of Claimant

Date

*(If notarized, for notary to complete)*

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

My appointment expires: \_\_\_\_\_