

Instructions for Completing City of Des Moines “Claim for Damages” Form

Type or print clearly in ink and sign the claim form.

Provide all requested information and any available documents or evidence supporting your claim.

- medical records
- bills for personal injuries
- photographs
- proof of ownership for property damages
- receipts for property value

If there is not enough space on the form, attach additional sheets. Be sure all information is clear and easy to read.

After completing the form, you must sign it and have your signature notarized.

Submit Your Claim

Mail or deliver original completed form and supporting documents to:

City Clerk
City of Des Moines
21630 11th Ave. S.
Des Moines, WA 98198

Business Hours

8:00 a.m. to 4:00 p.m., Monday through Friday
(excluding legal holidays as defined by RCW 1.16.050)

Designated Acceptance Agents

- City Clerk, Taria Keane
tkeane@desmoineswa.gov | 206-870-6552
- Deputy City Clerk, Sara Lee
slee@desmoineswa.gov | 206-870-7603
- Administrative Coordinator, Laura Hopp
lhopp@desmoineswa.gov | 206-870-6536

Important

Claim forms must be submitted in person or by mail.
Electronic submissions (e-mail or fax) are not accepted.

CLAIM FOR DAMAGES FORM
MEMBER CITY/ORGANIZATION: CITY OF DES MOINES

The person listed below is filing a claim for damages against the City of Des Moines in the amount of \$ _____ based on the circumstances described below.

First Name: _____ Last Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Birth Date: _____

Date of Occurrence: _____ Time of Occurrence: _____

Location of Occurrence: _____

Description

1. Describe the conduct and circumstance that brought about the injury or damage. Also describe the injury or damage. (Attach an extra sheet for additional information, if needed)

2. Provide a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers.

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

3. Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.

Have you submitted a claim for damages to your insurance company? Yes ☐ No ☐

If so, please provide the following:

Name of Insurance Company: _____

Policy Number: _____

ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY

License Plate: _____ Driver License: _____
Vehicle Make: _____ Model: _____ Year: _____

Drivers Name: _____ Owners Name: _____
Drivers Address: _____ Owners Address: _____
Drivers Phone: _____ Owners Phone: _____
Passengers Name: _____ Passengers Name: _____
Passengers Address: _____ Passengers Address: _____
Passengers Phone: _____ Passengers Phone: _____

NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED

I, _____, being first duly sworn, depose and say that I am the claimant (or authorized representative) for the above described; that I have read the above claim, know the contents thereof and believe the same to be true.

If signing on behalf of the claimant, I certify that I am authorized to do so in the capacity indicated below:

Capacity (check one):

- ☐ Power of Attorney
☐ Attorney for Claimant
☐ Court-Appointed Guardian
☐ Other (please specify): _____

Name of Claimant (if not the signer): _____

X

Signature

X

Printed Name of Signer

State of Washington

County of _____

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: _____

Return form to

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