City of Oak Harbor
Claim for Damages Form

Instructions: (1) Complete the form giving specific details about your damage or loss. Include dates, times, and witnesses. (2) Sign and have the form notarized. (3) Return the completed form to the Office of the City Clerk, Oak Harbor City Hall, 865 SE Barrington Drive, Oak Harbor, WA 98277. Regular Business Hours are Monday – Friday, 8:00 a.m. – 4:30 p.m.

Date Received By City

Claimant Name(s):		**Date of Birth:**
Current Residential Address:		
Mailing Address (if different):		
Home Phone:	**Work Phone:**	**Cell Phone:**
Residential address at the time of the incident (if different from current address):		
Claimant's email address:		

Please take note that the above-named party is claiming damages against _____ in the sum of $_____ arising out of the circumstances described below.

Date of Incident: _____ **Time of Incident:** _____

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

From: _____ **To:** _____

Location of Incident: _____

Name of all of our employees having knowledge of this incident: _____

_____

_____

DESCRIPTION:

1. Describe the cause of the injury or damages. Explain the extent of the property loss or medical, physical or mental injuries.

_____
_____
_____
_____
_____

(Attach an extra sheet for additional information, if needed)

2. Provide a list of witnesses to the incident (all persons involved in or witness to this incident).

Name	Address	Phone

3. Names, 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.

Name	Address	Phone	Brief Description

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

5. Has this incident been reported to law enforcement? _____Yes _____ No
   If yes, which agency and name of officer (if known)? _____

6. Have you submitted a claim for damages to your insurance company? _____Yes _____ No
   If so, please provide the name of the insurance company, phone number and claim number:
   _____ and the policy #: _____

7. Names, addresses and telephone numbers of treating medical providers. Please attach billings and records if available.

Name	Address	Phone

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

*** * ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY * ***

License Plate # _____ Driver License # _____

Type Auto: _____ _____ _____
(year) (make) (model)

DRIVER: _____ **OWNER:** _____

Address: _____ Address: _____

_____ _____

Phone#: _____ Phone#: _____

Passengers:

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Phone#: _____ Phone#: _____

THIS DOCUMENT MAY BE CONSIDERED A RECORD SUBJECT TO PUBLIC REVIEW.

*** * NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED * ***

I, _____, declare under penalty of perjury under the laws of the State of Washington that 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.

X_____ Date:_____
Signature of Claimant

STATE OF WASHINGTON)
) ss
COUNTY OF_____)

This is to certify that on this _____ day of _____, _____, before me, the undersigned, a notary public in and for the State of Washington, duly commissioned and sworn, personally appeared _____, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged it to be (his/her) free and voluntary act and deed for the uses and purposes therein mentioned.

_____
Print:_____
NOTARY PUBLIC in and for the State of Washington, residing in _____
Commission expires: _____