CLAIM FOR DAMAGES FORM

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the City of Bothell. Information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure.

Received Date Stamp

PLEASE TYPE OR PRINT IN INK

Claimant's Name: _____

Date of Birth: _____

Address:_____

Mailing address (if different): _____

Claimant's daytime phone number (work, home or cell): _____

Claimant's email address: _____

Incident Information:

Claimant is claiming damage against the City of Bothell in the sum of $_____ arising out of the following circumstances listed below.

Date of occurrence: _____ Time: _____ am/pm

Location of occurrence: _____

Description:

1. Describe occurrence explaining the nature of the defects or acts of negligence causing damages:

_____
_____
_____
_____
_____
_____
_____

(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:

_____
_____

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

3. Have you submitted a claim for damages to your insurance company? ____ Yes ____ No

If so, please provide the name of the insurance company: _____

Policy #: _____

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

Driver License #: _____

License Plate #: _____ Year/Make/Model _____

Driver: _____

Address: _____

Phone #: _____

OWNER: _____

Address: _____

Phone #: _____

Passenger(s):

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by the attorney in fact for 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.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

_____ _____

Signature of Claimant Date and place (residential address, city and county)

INSTRUCTIONS FOR COMPLETING A TORT CLAIM FORM
City of Bothell Claim Form

Before filing a Tort Claim, please read these instructions, the Tort Claim form and other appropriate forms in their entirety.

Type or print clearly in ink and sign the Tort Claim form.

Provide all requested information and any available documents or evidence supporting your claim, such as bills, photographs, proof of ownership for property damages, receipts for property value, etc.

If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.

CLAIM FOR DAMAGES FORMS MUST BE SERVED UPON THE CITY CLERK'S OFFICE OR DESIGNEE in accordance with RCW 4.96.020(2)

The City's address is:
18415 101st Avenue NE
Bothell, WA 98011

Upon receipt of the Claim from the City Clerk's Office, the City Attorney's Office will forward the Claim to the City's Insurance Authority. Once an adjuster has been assigned, the adjuster works with the City Attorney's office in obtaining information regarding the allegations. The Insurance Authority will review the documents, statements, invoices, and any other documents necessary to either pay, negotiate, or deny the claim.