

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. Claim forms cannot be submitted electronically (via e-mail or fax).

Received Date Stamp

PLEASE TYPE OR PRINT IN INK

Mail or deliver original claim to: City Clerk's Office - City of Bothell
18415 101st Avenue N.E.
Bothell, WA 98011-3499
Business Hours: Mon. – Fri. 8:00 a.m. – 5:00 p.m.
Closed on official holidays

MEMBER CITY/ORGANIZATION: **City of Bothell**

Please take note that _____,
who currently resides at _____,
and for six months prior to filing this claim, resided at _____,
and whose mailing address _____,
date of birth _____, home phone # _____, work phone # _____, is
claiming damage against the **City of Bothell** in the sum of \$ _____ arising out of the
following circumstances listed below.

DATE OF OCCURRENCE: _____ **TIME:** _____

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:

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

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

**** 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: _____

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

Upon receipt of the Claim from the City Clerk's Office, the City Attorney's Office will handle the processing of the Claim by opening a file and forwarding a copy of the appropriate department(s) for investigation. The department(s) generally to return comments to the City Attorney's Office within 3-5 days. The City Attorney's office reviews the information and recommends either payment or denial of the claim. Finally, the file is forwarded to the City's Insurance Authority, which does an independent evaluation and either pays the claim or denies it within approximately thirty (30) days.

City Clerk's Office – City of Bothell
18415 101st Avenue N.E.
Bothell, WA 98011
425-806-6151

Office Hours: 8:00 am to 5:00 p.m., Monday-Friday (excluding official holidays)