



9002 Main St. E., Ste. 300
Bonney Lake, WA 98391
(253) 862-8602

CLAIM FOR DAMAGES FORM INSTRUCTIONS

- 1) Completely fill out the “Claim for Damages” form, including the date, time, location and description of occurrence. Please provide names, addresses and phone numbers for witnesses.
- 2) Attach any supporting or substantiating documentation including estimates, invoices and/or photographs.
- 3) ***The form must be notarized.*** Signature in the presence of a notary public is required. (The City will provide notary service at no charge if you deliver the form in person to City Hall.)
- 4) Deliver the completed form to:

In Person or By Mail:

City of Bonney Lake
Attn: Risk Management
9002 Main St. E., Ste 300
Bonney Lake, WA 98391

If you have questions about the attached form, or need assistance completing the form, please call (253) 447-4358.

**The City will forward your claim to the Insurance
Carrier who will contact you.**

CLAIM FOR DAMAGES FORM

Date Claim Form Was Received
By Staff: _____

MEMBER CITY/ORGANIZATION: City of Bonney Lake

Claimant Information

Claimant Name: _____ Date of Birth: ____/____/____
Last Name First Name MI MM DD YYYY
Home Address: _____ Mailing Address: _____
(If different from home)
Home Phone: _____ Address At Time
Work/Cell Phone: _____ Of Occurrence: _____
(If different from home)
Email: _____

Claim Information

Claim made against: City of Bonney Lake Claim Amount: \$ _____
Date of Occurrence: _____ Time: _____
Location of Occurrence: _____

Description

1. Describe the conduct and circumstance that brought about the injury or damage. Also describe injury or damage.

(If more room is needed go to the bottom of the form.)

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, if applicable.

4. Have you submitted a claim for damages to your insurance company? ☐ Yes (see below) ☐ No

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

Policy Number: _____

**** Additional Information Required for Automobile Claims Only ****

License Plate # _____	Driver License # _____
Type of Auto _____	_____
Year _____	Make _____ Model _____
DRIVER	OWNER
Address: _____	Address: _____
Phone: _____	Phone: _____
Passengers: Name: _____	Name: _____
Address: _____	Address: _____
_____	_____

**** NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED – SEE REVERSE SIDE ****

Must Be Filled Out In Front Of Notary
Claim for Damages Form – Notarization of Claim

State of Washington

County of _____

I, _____ being first duly sworn, depose and say that I
Name of Claimant(s)
am the claimant for the above described, that I have read the above claim, know the contents thereof and
believe the same to be true.

X _____

X _____
Signature of Claimant(s)

I certify that I know or have satisfactory evidence that _____
Name of Claimant(s)
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 this
instrument.

Seal or Stamp

Dated: _____

Notary Signature: _____

Printed Name: _____

Title: _____

My Notary Expires: _____

Additional Information (continued from front):