



CLAIM FOR DAMAGES FORM

COA Claim Number: _____

Return to: City of Auburn City Clerk
25 W Main Street, Auburn, WA 98001

Operating hours: Monday – Friday, 8am – 5pm, *excluding recognized holidays*

CITY OF AUBURN

Please take note that _____, (claimant name) who currently resides at _____, (home address) mailing address (if different) _____, home phone # _____, work phone # _____, email address _____, and who resided at _____ at the time of the occurrence (if different), whose date of birth is _____, is claiming damages against the City of Auburn in the sum of \$ _____ arising out of the following circumstances listed below.

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

LOCATION OF OCCURRENCE: _____

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 the names of all persons involved (including any witnesses) along with their contact information (name, address, email address, and phone numbers), if known.

3. Have you attached copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair? ___ Y ___ N

4. Have you submitted a claim for damages to your insurance company? ___ Y ___ N
If so, please provide the name of the insurance company: _____
and the policy #: _____, claim # (if known): _____

** ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY **			
License Plate #		Driver License #	
Auto Year:		Make:	Model:
DRIVER NAME:		OWNER NAME:	
Address:		Address:	
Phone #:		Phone #:	
Please enter passenger information below, if applicable.			
Name:		Name:	
Address:		Address:	
Phone #:		Phone #:	

I, _____, am the claimant for the above-described claim. I have read the claim and know the contents to be true.

Signature of claimant

Date signed