

# City of Moses Lake Claim for Damages Form



Claimant Name (s): \_\_\_\_\_

home phone # \_\_\_\_\_ work phone # \_\_\_\_\_

Current Residential Address \_\_\_\_\_

Address at time of occurrence \_\_\_\_\_

Claimant date of birth \_\_\_\_\_ Claim Amount \$ \_\_\_\_\_

Date of Occurrence:		Time:	
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Location of Occurrence:

1. Describe the conduct and circumstances that brought about the injury or damage. Also describe the injury or damages (attach an extra sheet for additional information, if needed) :

2.	Name of Witnesses	Address	Phone No.

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?

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

or Police Report # \_\_\_\_\_

License Plate # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Auto  
Make

Model

Year

Name/Address/Phone # of Driver:

Name/Address/Phone# of Owner:

Name/Address/Phone# of Passengers:

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

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the claimant for the above described; that I have read all the above claim, know the contents thereof and believe the same to be true.

\_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant(s)

Washington State  
Grant County

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledge it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_