



City Hall

"The City of Bonney Lake's mission is to protect the community's livable identity and scenic beauty through responsible growth planning and by providing accountable, accessible and efficient local government services."

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: City of Bonney Lake
Attn: City Clerk
19306 Bonney Lake Blvd.
Bonney Lake, WA 98391

By Mail: City of Bonney Lake
Attn: City Clerk
P.O. Box 7380
Bonney Lake, WA 98391-0944

If you have questions about the attached form, or need assistance completing the form, please call (253) 447-4310.

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

City Hall:
19306 Bonney Lake Blvd.
Bonney Lake, WA 98391
Fax (253) 862-8538

Mailing Address:
P.O. Box 7380
Bonney Lake, WA 98391
Phone (253) 862-8602

City Hall Annex:
8720 Main Street E
Bonney Lake, WA 98391
Fax (253) 826-1921

CLAIM FOR DAMAGES FORM

Date Claim Form
Received by Member

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 address)

Home Phone: _____ Address at time of occurrence: _____
(If different from home address)

Work/Cell Phone: _____

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.

(Use reverse or 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, 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

Address: _____

Phone: _____

OWNER

Address: _____

Phone: _____

Passengers:

Name: _____

Address: _____

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

Claim for Damages Form – Notarization of Claim

State of Washington

County of _____

I, _____ being first duly sworn, depose and say that I am
Name of Claimant(s)
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):