



City of Monroe
806 West Main Street
Monroe, WA 98272
(360) 794-7400 Fax: (360) 794-4007
www.monroewa.gov

Information for Claimant

SUBMITTING A CLAIM FOR DAMAGES

If you or your property has been damaged and you believe the City of Monroe may have a responsibility to you, a claim for damages form may be obtained from the Monroe City Hall, 806 West Main Street, Monroe WA 98272 or by calling (360) 794-7400.

Submittal of a claim for damages does not guarantee payment by the city or its insurance carriers. An investigation by a claims adjuster may be made into the incident to determine if the city has any liability.

If it is determined that the city has a responsibility to you, the amount of the claim payment is based upon the level of city liability, the level of your liability (if any), and the depreciated value (not replacement value) of the property damaged.

If you have contacted the city in an emergency, AS A PUBLIC SERVICE, the public works crew or other city employees may assist you in clean-up. This assistance does not constitute an admission of liability on the part of the city.

Upon completing a Claim for Damages, please drop the form off at City Hall or email it to tchristian@monroewa.gov. If you have questions please contact: Tyler Christian, Management Analyst City of Monroe (425) 754-6106.

The city's insurance provider or their third party administrator will subsequently contact you, usually within 10 days:

Washington Cities Insurance Authority
PO Box 88030
Tukwila, WA 98138
(206) 575-6046
(206) 575-7426 fax

Claim for Damages Form

For Official Use Only

City/Organization _____ Date Received from Claimant _____

Claimant Information

Claimant's name: _____ Date of Birth: _____

Current residential address: _____

Mailing address (if different): _____

Residential address at the time of the incident (if different from current address): _____

Claimant's daytime phone number (work, home or cell) _____

Claimant's email address: _____

Incident Information

Date of the incident: _____ Time: _____ am/pm

If the incident occurred over a period of time, date of first and last occurrences:

From: _____ To: _____

Location of incident: _____

Name, addresses and telephone numbers of all persons involved in or witness to this incident: _____

Name of all of our employees having knowledge of this incident: _____

Name, addresses and telephone numbers of all individuals not already identified above that have knowledge regarding the issues involved in this incident or knowledge of the claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

Describe the cause of the injury or damages. Explain the extent of the property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

Has this incident been reported to law enforcement? If so, which agency and name of officer (if known).

Have you filed a claim with your insurance carrier? If so, what is their name, phone number and claim number?

Name address and telephone numbers of treating medical providers. Please attach billings and records if available.

Please attach any other documentation that you believe support your claim's allegations

Additional Information Required for Automobile Claims Only

License Plate # _____ Year/ Make/ Model _____
Driver Name, Address & Phone _____
Owner Name, Address & Phone _____
Passenger(s) Name, Address & Phone _____

I am claiming damages in the amount of _____

I declare under penalty of perjury under the laws of the State of Washington the foregoing is true and correct. This Claim form must be signed by the Claimant, a person holding a written power of attorney from 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.

Signature of Claimant Date

(If notarized, for notary to complete)

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 acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____ Signature: _____ Title: _____

My appointment expires: _____