



File with City Clerk's Office  
220 Fourth Avenue South  
Kent, WA 98032

For Official Use Only

# Claim Form

**NOTICE:** No damages can be paid by the City of Kent unless a claim complying with Washington State Law (RCW 4.96.020) is presented to the Kent City Clerk. After filing a claim, please direct all questions to the Office of Risk Management at (253) 856-5285.

**INSTRUCTIONS:** (1) Complete Form giving specific details about your damage or loss. Include dates, times, and witnesses (specific instructions are given on page 3). (2) Sign the Form. (3) Return completed Form to the City of Kent, City Clerk's Office, 220 Fourth Avenue South, Kent, WA 98032.

## CLAIMANT INFORMATION

1. Claimant's name:

\_\_\_\_\_

*Last name*

*First*

*Middle*

*Date of birth (mm/dd/yyyy)*

2. Current residential address: \_\_\_\_\_

3. Mailing address (if different): \_\_\_\_\_

4. Residential address on the date of the incident (if different from current address):  
\_\_\_\_\_

5. Claimant's daytime telephone number: \_\_\_\_\_

*Home or cell*

*Business*

6. Claimant's e-mail address: \_\_\_\_\_

## INCIDENT INFORMATION

7. Date of the incident: \_\_\_\_\_ Time \_\_\_\_\_  a.m.  p.m. (check one)  
*(mm/dd/yyyy)*

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

From \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m. (check one) To \_\_\_\_\_, Time: \_\_\_\_\_  a.m.  p.m. (check one)  
*(mm/dd/yyyy)* *(mm/dd/yyyy)*

9. Location of incident: \_\_\_\_\_

*City*

*Address where occurred*

10. If the incident occurred on a street or highway:

\_\_\_\_\_

*Name of street or highway*

*At the intersection with or nearest intersecting street*

11. Governmental entity alleged responsible for damage/injury:  
\_\_\_\_\_

12. Names, addresses, and telephone numbers of all persons involved in or witness to this incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13.** Names, addresses, and telephone numbers of all City of Kent employees having knowledge about this incident:

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**14.** Names, addresses, and telephone numbers of all individuals not already identified in #12 and #13 above who have knowledge regarding the liability 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.

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

**16.** Has this incident been reported to law-enforcement, safety, or security personnel? If so, when and to whom?

**17.** Names, addresses, and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

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**18.** Please attach documents that support the claim's allegations.

**19.** I claim damages from the City of Kent in the sum of \$ \_\_\_\_\_

This Claim Form must be signed by the Claimant, by the attorney in fact for the Claimant pursuant to a written power of attorney, 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.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
*Signature of Claimant*

\_\_\_\_\_  
*Date and place (signed, city and state)*

## INSTRUCTIONS FOR COMPLETING THE CITY OF KENT CLAIM FORM

### Before filing a claim, please read these instructions in their entirety:

- Type or print clearly in ink and sign the Claim Form.
- Provide all requested information and any available documents or evidence supporting your claim, such as medical records, bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.
- If the requested information cannot be supplied in the space provided, please use additional sheets so your claim can be easily read and understood.
- The following are **EXAMPLES** of how to complete the Claim Form line by line:
  1. Smith, Karen Michelle 01/01/1960
  2. 1234 N. College Way, Apt. 24 Seattle, WA 98104
  3. P.O. Box 5678, Seattle, WA 98124
  4. Same
  5. (206) 987-6543
  6. smith@gmail.com
  7. 08/08/2005, 8:00 a.m.
  8. If the incident that caused the damages occurred over a period of time, please provide the beginning time and ending time in Item 8.
  9. Kent 220 Fourth Ave. S.
  10. Willis St. at intersection with 4th Ave. S.
  11. City of Kent
  12. Smith, Thomas Arthur, 1234 N. College Way, Apt. 24 Seattle, WA 98104 (206) 456-7890
  13. Unknown
  14. List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers that are not listed within Items 12 and 13.
  15. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, why, and how.
  16. If you reported this incident to law-enforcement, safety, or security personnel, please provide a copy of the report or contact information for the person you spoke with.
  17. Please provide all your medical providers, including their names, addresses, telephone numbers, and types of treatment. If you were treated for a personal injury, please include your medical records and bills.
  18. Attach other relevant documents.
  19. Please provide a dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.