



**CITY/ORGANIZATION:** City of Marysville, Washington

Please take note that \_\_\_\_\_, who currently resides at \_\_\_\_\_, mailing address \_\_\_\_\_, home phone # \_\_\_\_\_, work phone # \_\_\_\_\_, and who resides at \_\_\_\_\_ at the time of the occurrence and whose date of birth is \_\_\_\_\_ is claiming damages against \_\_\_\_\_ in the sum of \$ \_\_\_\_\_ arising out of the following circumstances listed below.

DATE OF OCCURANCE: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION OF OCCURRENCE: \_\_\_\_\_

DESCRIPTION:

1. Describe the conduct and circumstances 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 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.

4. Have you submitted a claim for damages to an insurance company?  Yes  No

If so, please provide the name of the insurance company: \_\_\_\_\_ and the policy # \_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY**

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

Type Auto: \_\_\_\_\_ (year) \_\_\_\_\_ (make) \_\_\_\_\_ (model)

**DRIVER:** \_\_\_\_\_ **OWNER:** \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Passengers:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_

Signatures of Claimant(s)

## Information for potential claimants

If you or your property has been damaged and you believe the City of Marysville may be responsible, you may file a claim for damages. 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 to determine if the city has any liability.

### How to submit a Claim for Damages:

1. Complete the claim for damages form and attach any supporting documentation such as receipts, estimates, photographs, etc.
2. Submit your completed and signed claim form in person, by mail, or by email:

<p><b>Mail to:</b> City of Marysville City Administrator 501 Delta Avenue Marysville WA 98270</p> <p><b>Email to:</b> <a href="mailto:execadmin@marysvillewa.gov">execadmin@marysvillewa.gov</a></p>	<p><b>Deliver in Person to:</b> City of Marysville First Floor 501 Delta Avenue Marysville WA 98270 Monday - Friday 8:00 a.m. – 4:30 p.m. Closed on weekends and official state holidays</p> <p>May be Accepted by Deputy City Clerk, City Clerk, Executive Services Coordinator, Legal Services Manager or City Administrator</p>
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### What can I expect after I file a claim?

The city's executive department or third party insurance adjuster will be in contact with you, generally within about two weeks.