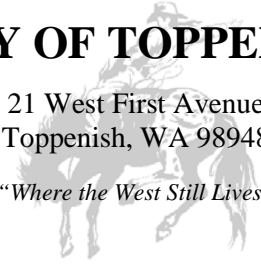


CITY OF TOPPENISH

21 West First Avenue
Toppenish, WA 98948

"Where the West Still Lives"



CLAIMS FOR DAMAGES FORM INFORMATION AND INSTRUCTIONS

- Before filling a Claim, please read these instructions and complete the form in its 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 or 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 blank sheets so your claim can be easily read and understood.
- The following are examples on how to complete the Claim Form:
 1. Smith, Karen Michelle
 2. 1234 E. Grand Street, Apt. 12, Toppenish WA 98948
 3. PO Box 15993, Toppenish WA 98948
 4. 509/865-1000
 5. Please provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.
 6. August 9, 2004 8:15 a.m.; If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time in Item 6.
 7. Include the address where the incident occurred.
 8. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why. Also describe the injury or damage that occurred.
 9. List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers.
 10. Please provide all of your medical providers including their names, addresses, telephone numbers, and the type of treatment. If you were treated for a personal injury, please include your medical records and detailed bills.
 11. Please provide the information if you have submitted a claim for damages to your insurance company.
- Complete the ***Additional Information required for Automobile Claims Only*** portion of the Claim Form only if the incident involved automobile damages.

Upon completing the Claim for Damages form, please return it to:

City of Toppenish
Attn: City Clerk
21 West 1st Avenue
Toppenish, WA 98948

You will subsequently be contacted by our insurance carrier – usually within ten days.

Washington Cities Insurance Authority
P.O. Box 88030
Tukwila, WA 98138

Phone: (206) 575-6046
Fax: (206) 575-7426

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

License Plate # _____	Driver License # _____
Type Auto: _____	
(year)	(make)
(model)	
DRIVER: _____	OWNER: _____
Address: _____	Address: _____
Phone#: _____	Phone#: _____
Passengers:	
Name: _____	Name: _____
Address: _____	Address: _____

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

I, _____, being first duly sworn, depose and say that I am the claimant for
Print Name of Claimant(s)
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)

State of Washington)
) ss.
County of _____)

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 of Notary Public

Print Name of Notary Public
Residing at: _____
My appointment expires: _____