



City of Monroe  
806 W Main St  
Monroe, WA 98272  
(360) 794-4007 [www.monroewa.gov](http://www.monroewa.gov)

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### 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, 14841 179th Ave SE Suite 320, 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 [HR@monroewa.gov](mailto:HR@monroewa.gov). If you have questions please contact: Human Resources at 360-863-4523.

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.

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

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

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

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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.

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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: \_\_\_\_\_