



Hello,

Here are quick guidelines for completing the City of Oak Harbor's Claim for Damages Form. If you need more room than the form allows, we welcome extra sheets and attachments. The more information you can provide, the better our insurance pool can respond to your claim.

Be sure to complete the dollar amount for the damages.

- Include your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation

We know that a description of what happened can required additional sheets.

- Again, don't hesitate to attach them.

We will need copies of supporting information as attachments to the form.

- Medical records or bills for personal injuries
- Photographs
- Proof of ownership for property damages
- Receipts for property value
- Estimates for repair

If a police report was taken, provide a copy of the report or the officer's name who prepared the report.

The form must be signed and notarized.

- City Hall has several staff members who are licensed Notary Publics and will provide this service at no charge.
- Your bank may also provide this service at no charge.

If you have questions concerning the Claim for Damages form, please feel free to call or email us.

Karen Crouch, Risk Management (360)279-4544 kcrouch@oakharbor.org
Connie Wheeler, City Clerk (360)279-4539 cwheeler@oakharbor.org

City of Oak Harbor Claim for Damages Form

Instructions: (1) Complete the form giving specific details about your damage or loss. Include dates, times, and witnesses. (2) Sign and have the form notarized. (3) Return the completed form to the Office of the City Clerk, Oak Harbor City Hall, 865 SE Barrington Drive, Oak Harbor, WA 98277. Regular Business Hours are Monday – Friday, 8:00 a.m. – 5:00 p.m.

Date Received By City

Claimant Name(s):	Date of Birth:
Street Address:	
Mailing Address:	
Home Phone:	Work Phone:
Residence at the time of the incident:	

Please take note that the above-named party is claiming damages against _____ in the sum of \$_____ arising out of the circumstances described below.

Date of Incident: _____ **Time of Incident:** _____

Location of Incident: _____

DESCRIPTION:

1. Describe the conduct and circumstance that brought about the injury or damage. Also describe the injury of damage.

(Attach an extra sheet for additional information, if needed)

2. Provide a list of witnesses to the incident.

Name	Address	Phone

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 your 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 # _____	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 the above described; that I have read the above claim, know the contents thereof and believe the same to be true.

X _____
Signature of Claimant

State of Washington
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

Title

My appointment expires _____