Note:
Type or Print Legibly.
See information Pg 2.

City of Camas
CLAIM FOR DAMAGES

CLAIMANT	NAME (FIRST – MIDDLE – LAST, OR BUSINESS NAME)	DATE OF BIRTH
	CURRENT HOME ADDRESS (NUMBER – STREET – CITY – STATE – ZIP)	DAYTIME PHONE

MAILING ADDRESS (NUMBER – STREET – CITY – STATE – ZIP)	E-MAIL ADDRESS

ACCIDENT/LOSS	DATE & TIME FROM	DATE & TIME TO
LOCATION/SITE	BE VERY SPECIFIC: STREETS, ADDRESSES, etc.	

WHAT HAPPENED?	DESCRIBE IN YOUR OWN WORDS HOW THIS LOSS OCCURRED AND WHY YOU BELIEVE THE CITY IS RESPONSIBLE. (*additional space on reverse side or attach additional pages and supportive documents as needed*)

NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL PERSONS INVOLVED IN OR WITNESS TO THIS INCIDENT

CITY DEPT?

1) _____ 2) _____ 3) _____

CITY EMPLOYEE

CITY VEHICLE NUMBER, LICENSE, etc.

Ph:_____ Ph:_____ Ph:_____

WAS YOUR PROPERTY DAMAGED?   (i.e. Home, Auto, Personal Property)

□ YES   IF SO, THEN FULLY DESCRIBE – YEAR, MAKE, MODEL, LICENSE PLATE #, CONDITION, VALUE, OR EXTENT OF DAMAGE
□ NO   (provide driver, owner & passenger contact details; additional space on reverse side or attach additional pages and supportive documents as needed)

WERE YOU INJURED?	□ YES IF *YES*, THEN COMPLETE THE FOLLOWING: (additional space on reverse side or attach additional pages and supportive documents as needed) □ NO

DESCRIBE YOUR INJURY _____

AMOUNT CLAIMED (if known)	$

SIGNATURE OF CLAIMANT
(AND TITLE, IF A BUSINESS)

This claim form must be signed by the Claimant, verifying the claim; or pursuant to a written power of attorney, by the attorney in fact for the claimant; or 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

EXECUTED this _____ day of _____, _____

At _____, _____ County, Washington

X _____

PRESENTATION OF A CLAIM

This official City of Camas document must be signed, and the form *__with original signature__* (not a photocopy or scanned copy) must be mailed *or* delivered.

<table>
<tr><td>Mail to:
City of Camas
Finance Department
616 NE 4th AVE
Camas WA 98607</td><td>Deliver to:
City of Camas - Finance Department
616 NE 4th AVE
Camas WA 98607
Business Hours: Monday-Friday, 9:00 a.m.-5:00 p.m.
Closed on weekends and legal holidays</td></tr>
</table>

An adjuster will be assigned to your claim after it is filed with the City. **It is to your advantage** to present with your claim relevant supporting documents (receipts, canceled checks, estimates, billings, etc.) or additional evidence (photos, diagrams, etc.). Please note that the claim form and other supporting documents filed with the City are considered public records under Revised Code of Washington Chapter 42.56, the Public Records Act. Public records are presumed subject to disclosure upon request. Electronic claim forms can be downloaded from the City website.

EXPLANATION OF THE CLAIMS PROCESS

Shortly after your claim is filed with the City, it is delivered to Claims. The claim is then assigned to an adjuster who will contact you with your assigned claim number and their contact information and then they will conduct an investigation which includes a written response from the involved department(s). Claims will then evaluate and recommend a reasonable resolution of your claim which will be one of three alternatives:

1. Pay a sum of money.
2. Tender – transfer to another party or entity responsible for your alleged damages.
3. Deny – where there is no evidence of any negligence by the City of Camas.

If you have any questions about filing then do not hesitate to call 360-834-2462 during normal business hours Monday-Friday, 9:00 a.m.-5:00 p.m. If you have any questions after filing, call the Claims Adjuster assigned to your claim.

THIS SPACE PROVIDED FOR ADDITIONAL INFORMATION

Also provide police information and reports, claims made to personal insurance carrier, billings, payment receipts, and any other pertinent documentation supporting your claim.

DIAGRAM
Use if this will help you locate or describe what happened