



## CLAIM FOR DAMAGES

The City of Bellevue can pay no tort damages unless a claim substantially complies with RCW 4.96.020 and Bellevue City Code 4.36, and is filed with the City Clerk. The tort claim must be signed either by the claimant or by (a) the claimant's attorney in fact, pursuant to a written power of attorney, (b) the claimant's attorney, who is admitted to practice in Washington state, or (c) the claimant's court-approved guardian or guardian ad litem. The City Clerk's Office is located at the address noted above and is open Monday–Friday (except legal holidays), 8:00 AM–5:00 PM.

**TO THE CITY COUNCIL OF THE CITY OF BELLEVUE, WASHINGTON:**

C L A I M A N T	Name: _____ Date of Birth: ____ / ____ / ____ <small>(First, Middle, Last or Business):</small>	
	Current Address _____ <small>(Home, if person / Company, if business) Street City State Zip</small>	
	Home: _____ Business Phone: _____ Cell Phone: _____	
	Address When Loss/Incident Occurred: _____ <small>(Street, City, State, &amp; Zip)</small>	
	Spouse's Name, If Married: _____	
	Spouse's Damages, If Any: _____	
	_____ _____ _____	

I N C I D E N T	Date _____ Time: _____ Amount Claimed: \$ _____
	Location of Loss/Incident; _____
	Incident Description (How/why did the incident occur). Additional space available on back. _____ _____ _____
	Describe the City defects or acts of negligence that you believe caused the damage and/or injury. _____ _____ _____ _____
	Witnesses and/or All Other Persons Involved (Please provide names, addresses and phone numbers):
	1) _____
	2) _____
3) _____	

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Describe the value and extent of the damage to your home, vehicle, or personal property. Attach estimates, invoices, or other documentation that support your loss. Additional space available below:

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Y

If you were injured, please describe your injury and how it occurred: \_\_\_\_\_

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Identify any physician(s) or other medical professional(s) involved: \_\_\_\_\_

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Are you still receiving medical treatment?  Yes  No If yes, describe treatment.

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**THIS SPACE PROVIDED FOR ADDITIONAL INFORMATION**

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*I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
**Signature of Claimant**

\_\_\_\_\_  
**Date and place (residential address, city and county)**