



CLAIM FOR DAMAGES

RISK MANAGEMENT: 425-556-2188 Claim Number _____

In Person:
Risk Management
City Hall, 3rd Floor
15670 NE 85th St
Redmond WA 98052

By Mail:
City of Redmond
Risk Management MS: 3NFN
P.O. Box 97010
Redmond WA 98073-9710

Claimant Personal Information

Claimant Name: _____
Mailing Address: _____
Home Phone: _____ Work Phone: _____

Incident Information

Date/Time of Incident: _____ Amount of Claim: \$ _____
Please give itemization of damages for total amount claimed and attach receipts or estimates.

Location of Incident: _____

Description of Incident: (Accurately describe injuries or damage) _____

Witnesses: Name, addresses, telephone numbers of each

Treating Physician: Name, address, telephone number. Please attach copies of medical reports and billing. _____

Police / Insurance Information

Was a Police Report filed? Yes No Report # _____
Insurance Carrier: _____ Policy # _____
Agents Name: _____ Phone # _____

Signature: _____ Date: _____