

CLAIM FOR DAMAGES FORM

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 _____

X _____

Signature of Claimant (s)

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.

Date

Signature

Title

My appointment expires _____

Notary Seal