

**SNOHOMISH COUNTY EMERGENCY RADIO SYSTEM
CLAIM FOR DAMAGES FORM**

Please take note that _____, who currently resides at _____
_____, mailing address _____
_____, home phone number _____, work phone number
_____ and who resided at _____
at the time of the occurrence and whose date of birth is _____ is
claiming damages against THE SNOHOMISH COUNTY EMERGENCY RADIO SYSTEM
(SERS) in the sum of \$ _____
arising out of the following circumstances listed below.

DATED OF OCCURRENCE: _____ TIME: _____

LOCATION OF OCCURRENCE: _____

DESCRIPTION:

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

_____ (attach extra sheets for additional information, if needed)

2. Provide a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers:

_____ (attach extra sheets for additional information, if needed)

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 number: _____

***** NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED *****

I, _____, _____ of _____,
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 _____

