



City of Beaverton
4755 SW Griffith Drive • PO Box 4755
Beaverton, OR 97076-4755

CLAIM FORM

I, _____, do hereby present a claim in the amount of \$_____ against the City of Beaverton by reason of damages incurred on the _____ day of _____, 201____, at or near:
(day) (month) (year)

(location of accident of event)

The damage is as follows:

Please state the time, place and manner in which the incident occurred. Attach any additional pages or supporting documents as necessary to provide all of the details.

I hereby certify that this claim is true and correct to the best of my knowledge.

Signature: _____ **Date Signed:** _____

Mailing Address: _____

City, State, Zip Code: _____

Daytime Telephone Number: _____

NOTE: You have 180 days from the date of loss to file a claim.

Please attach estimate or receipts to substantiate the amount of loss. Pictures of the damage and statements from witnesses are also helpful. Return this form to the attention of the Risk Manager, City of Beaverton, PO BOX 4755, Beaverton, Oregon 97076-4755 or fax it to 503-526-2479. Call 503-526-2204 for further assistance.