

City Council Agenda Item

Meeting Date: 09/28/2021

Acknowledge receipt of a Claim for Damages from Randall J. Hodges Photography

Staff Lead: NA

Department: Administrative Services

Preparer: Marissa Cain

Background/History

N/A

Staff Recommendation

Acknowledge receipt of a Claim for Damages from Randall J. Hodges Photography

Narrative

Randall J. Hodges Photography
317 Main Street
(\$14,900)

Attachments:

Hodges, Randall - Claim for Damages - for council

SEP 22 2021

CITY OF EDMONDS CLAIM FOR DAMAGES FORM

EDMONDS CITY CLERK

 Date Claim Form
Received by City

Please take note that RODMAN J HODGES PHOTOGRAPHY, who currently resides at _____,
_____, mailing address OF THE SAME ADDRESS
_____, home phone # _____ work phone # 425-218-2506, and who resided at _____
_____ at the time of the occurrence and whose date of birth is _____, is claiming damages
against CITY OF EDMONDS in the sum of \$ 14,900 arising out of the following circumstances listed below.

DATE OF OCCURRENCE: SUMMER WEEKEND OF 2021 TIME: ALL DAY EVERY WE

LOCATION OF OCCURRENCE: EDMONDS DOWNTOWN SPECIFICALLY 317 MAIN STREET

DESCRIPTION:

1. Describe the conduct and circumstance that brought about the injury or damage. Also describe the injury or damage.
MY BUSINESS WAS DAMAGED BY THE CITY OF EDMONDS FOR CLOSING THE STREETS FOR "WALKABLE MAIN STREET". MY CUSTOMER COUNTS WE DOWN 50% AND MY SALES WERE DOWN 90% OVER 2018 & 2019 COSTING MY BUSINESS OVER \$14,900

(attach an extra sheet for additional information, if needed)

2. Provide a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers.
ALL THE BUSINESSES IN EDMONDS

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 #: _____

** 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: _____

Attachment: Hodges, Randall - Claim for Damages - for council (Claim for Damages)

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by the attorney in fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

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


Signature of Claimant

Or

9/9/2021
Date and place (residential address, city and county)

Signature of Representative

Date and place (residential address, city and county)

Print Name of Representative

Bar Number (if applicable)

Please present the completed claim form to:

City Clerk's Office
City of Edmonds
121 5th Avenue North
Edmonds, WA, 98020
8:00 a.m. to 4:30 p.m.

Attachment: Hodges, Randall - Claim for Damages - for council (Claim for Damages)