

# CLAIM AGAINST McMinnville Water & Light

(for damages to persons or personal property)



A claim against McMinnville Water & Light must be filed with Hagan Hamilton Insurance. Be sure your claim is against McMinnville Water & Light, not another public entity. Where space is not sufficient, please use additional paper and identify information by paragraph number. Provide completed claims as follows:

- a) Hand delivery or regular mail to Hagan Hamilton Insurance, 448 SE Baker St., McMinnville OR, 97128, Attention: Brandi Bowers.
- b) Or by email to Brandi Bowers at [brandi@haganhamilton.com](mailto:brandi@haganhamilton.com).
- c) Or by fax to Hagan Hamilton Insurance at 503-472-3859 (Attn: Brandi Bowers).
- d) Questions for Hagan Hamilton? Call 503-472-2165

## **(PLEASE TYPE OR PRINT LEGIBILITY)**

I. **NAME OF CLAIMANT:** \_\_\_\_\_ AGE (IF MINOR) \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**TELEPHONE NUMBERS:** Home: \_\_\_\_\_ Business: \_\_\_\_\_

2. **IF CLAIM INVOLVES A MOTOR VEHICLE, PROVIDE AS MUCH OF THE FOLLOWING INFORMATION AS YOU CAN FOR EACH VEHICLE:** (use additional paper if necessary):

Make, Year, Model and Color: \_\_\_\_\_

Name and address of owner: \_\_\_\_\_

Name and address of driver: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

Automobile Insurance Information: \_\_\_\_\_  
Company Policy No

3. **INFORMATION REGARDING INCIDENT OR ACCIDENT:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place (specific location): \_\_\_\_\_

Describe the particular occurrence, event, act or omission you claim caused the injury or damage:

State how McMinnville Water & Light or its employees were involved:

4. Give a description of the injury, property damage or loss, as far as is known at the time of this claim. If there were no injuries, state "no injuries"

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5. Give the name(s) of the MWL employee(s) or MWL department involved in the incident or as witnessed:

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6. Name and address of any other person injured: \_\_\_\_\_

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7. Damages claimed (Include copies of all bills, invoices, estimates, etc.):

Amount claimed as of this date: \$ \_\_\_\_\_  
Estimated amount of future costs: \$ \_\_\_\_\_  
Total amount claimed: \$ \_\_\_\_\_

8. Names and addresses of all witnesses: \_\_\_\_\_

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9. Insurance Information:

Homeowner Policy (if applicable):

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Medical Insurance Policy (if applicable):

Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

10. Any additional information that might be helpful in considering claim: \_\_\_\_\_

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**WARNING- IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM- (ORS 162.085)**

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information and belief, as to such matters, I believe them to be true. I certify under penalty of law that the foregoing is TRUE AND CORRECT.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_  
(City and State)

\_\_\_\_\_  
Claimants Signature