

(Date) _____

Claimant _____

Address _____

Claim No: _____

Date of Loss: _____

Our Insured: City of _____, WA

Dear. (Claimant) _____:

We (or whomsoever _____) represent(s) the City of _____ in handling claims that are filed against the City. We are in receipt of your Claim for Damages.

We fail to find liability on the part of the City and must respectfully deny the claim.

Sincerely,

(Adjuster or _____)