



CITY OF LAKE OSWEGO
HUMAN RESOURCES DEPARTMENT

380 A Avenue
PO Box 369
Lake Oswego, OR 97034

503-635-0220
www.ci.oswego.or.us

Place Date Here (Month Day, Year)

Mr. John Jones
Company
Street Address
City, ST, Zip Code

Dear Mr. Jones:

Attached is a claim form for damages you have reported. Please complete the form and attach any paperwork, bills, invoices or written descriptions you wish to submit. If you do not have any supporting documents, you may submit the claim with just your contact information and a description of the incident and damage. You can mail, fax, or email the completed form to me – or you can drop it off at City Hall at the Finance or Human Resources Departments on the first floor. I will forward your claim information to our insurer, CityCounty Insurance Services (CIS), upon receipt of the signed paperwork. They will then contact you regarding the processing of your claim. If you do not hear from someone within two work days of submitting the completed form, please let me know and I will call our insurer to make sure your claim is addressed.

Please feel free to contact me at any time, if you have questions, or wish to follow up on the status of your claim.

Thank you.

Scott Matthew
HR Analyst

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