



**AFFIDAVIT**  
**City of Charleston**

**STATE OF WEST VIRGINIA**  
**COUNTY OF KANAWHA, to-wit:**

The Mayor, Recorder, and/or Municipal Attorney of the City of Charleston, West Virginia, will take notice that this day appeared before the undersigned authority,

\_\_\_\_\_, **Claimant,**

who, after being first by me duly sworn, deposes and says:

That this affiant resides at: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

and that on the \_\_\_\_\_ day of \_\_\_\_\_, 2017/2018, at approximately \_\_\_\_\_ am/pm in the City of Charleston, West Virginia, he/she sustained

\_\_\_\_\_

**Nature Of Injury And/Or Damage**

**As A Result Of:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a result of which accident the **Claimant**, \_\_\_\_\_, does hereby make claim against the City of Charleston, West Virginia, for damages incurred and to be incurred by him/her in the future.

\_\_\_\_\_  
**Signature of Claimant**

Taken, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2018.  
My commission expires \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

**Names and Addresses of Witnesses to Accident:**

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**Additional Comments:**

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**Please call (304) 348-8179 with any questions.  
FAX: (304) 348.8038**

**Please Return This Form To:**

**The City Clerk's Office  
P.O. Box 2749  
Charleston, WV 25330**