

# Claim for Damages (Property)

## INSTRUCTIONS FOR COMPLETING THE CLAIM FOR DAMAGES FORM

- Before filing a Claim, please read these instructions and then complete the Claim Form and other appropriate forms in their entirety
- **Type or print clearly in ink and sign the Claim Form**
- Provide all requested information
- If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood
- The following are examples on how to complete the Claim Form
  1. Smith, Karen Michelle, 02/02/1975
  2. 1234 College Way NW, Apt. 56, Everett, WA 98201
  3. PO Box 910, Everett, WA 98206
  4. (425) 123-4567
  5. [Karen@email.com](mailto:Karen@email.com)
  6. 08/08/2008, 8:00 am/pm
  7. 1234 College Way NW Apt 56, Everett, WA 98201
  8. Describe the incident that resulted in the injury of damages, specifically answering the questions who, what, where, when and why (supply supporting documents as necessary)
  9. Provide the dollar amount for your claim (this amount should represent your opinion of the total amount you are claiming; if unknown at this time enter unknown)
  10. Sign and date the claim form
- Send in the signed copy to the District at:

CLARK REGIONAL WASTEWATER DISTRICT  
Attn: Risk Manager  
8000 NE 52<sup>nd</sup> Court  
Vancouver WA 98665

# Claim for Damages (Property)

Pursuant to Chapter 4.96 of the Revised Code of Washington (RCW), this form is for filing a tort claim against the District. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. The General Manager is the District's designated agent for the purpose of receiving claims. **Claim forms cannot be submitted electronically (via e-mail or fax).**

PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver original signed claim form to:

**Clark Regional Wastewater District  
Attn: Risk Manager  
8000 NE 52<sup>nd</sup> Ct  
Vancouver WA 98685  
(8 to 5 M-F)**

## CLAIMANT INFORMATION

1) Claimant's Name:

\_\_\_\_\_

<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Date of Birth (mm/dd/yyyy)</i>
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2) Current Residential Address: \_\_\_\_\_

3) Mailing Address (if different): \_\_\_\_\_

4) Claimant's Telephone Number: \_\_\_\_\_

<i>Home</i>	<i>Cell</i>	<i>Business</i>
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5) Claimant's Email Address: \_\_\_\_\_

## INCIDENT INFORMATION

6) Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m. (circle one)

7) Location of Incident: \_\_\_\_\_

<i>County</i>	<i>City, if applicable</i>	<i>Place where occurred</i>
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8) Describe the event that resulted in the claim: (Attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9) I claim damages from the District in the sum of \$ \_\_\_\_\_.

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

10) \_\_\_\_\_

<b>Signature of Claimant</b>	<b>Date</b>	<b>Place signed (City and State)</b>
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