

CLAIM FOR DAMAGES

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 and any available documents or evidence supporting your claim.
- 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 Main Street, Sammamish, WA 98075
 3. Same (or mailing address, such as PO Box)
 4. Same (or residence at the time of incident)
 5. (425) 123-4567
 6. karen@email.com
 7. 01/01/2019, 8:00 a.m.
 8. If the incident that caused the damages occurred over a period of time, please provide the beginning and the ending time.
 9. King County, Sammamish, Skyline High School
 10. 1122 228th Ave, SE, near the school parking lot.
 11. John Smith 9876 1st Avenue, Sammamish, WA 98075, (425) 987-6543.
 12. Describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when, why, and how.
 13. If you reported this incident to law enforcement or the District, please provide a copy of the report or the contact information for the person with whom you spoke.
 14. Provide the name of your insurance company and the policy number.
 15. Provide any supporting documents.
 16. Provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of the total compensation you are claiming.
- Sign and date the claim form and send the signed copy to the District at:

Sammamish Plateau Water & Sewer District
ATTN: General Manager
1510 228th Avenue S.E.
Sammamish, WA 98075

CLAIM FOR DAMAGES
SAMMAMISH PLATEAU WATER & SEWER DISTRICT

Pursuant to Ch. 4.96 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 receiving claims.

PLEASE PRINT CLEARLY IN INK

Mail or deliver original claim to:

Sammamish Plateau Water & Sewer District
ATTN: General Manager
1510 228th Avenue S.E.
Sammamish, WA 98075

Business Hours: Monday – Friday 8:00 AM
to 4:30 PM
Telephone Number: (425) 392-6256

Claimant Information

1. Claimant's name: _____
Last First Middle Date of Birth

2. Claimant's current residential address: _____

3. Mailing address (if different): _____

4. Residential address at the time of the incident (if different from current address): _____

5. Claimant's telephone number: _____

6. Claimant's email address: _____

Incident Information

7. Date of incident: _____ Time: _____ a.m. / p.m.

8. If the incident occurred over a period of time, date of first and last occurrences:

From: _____ Time: _____ a.m. / p.m.

To: _____ Time: _____ a.m. / p.m.

9. Location of incident: _____
County City, if applicable Place where occurred

10. If the incident occurred on a street: _____
Name of street Nearest intersection

11. Name, addresses and telephone numbers of all persons involved in or witnesses to this incident:

12. Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical, or mental injuries (attach additional sheets if necessary): _____

13. Has this incident been reported to law enforcement or the District? If so, when and to whom?

14. Has this incident been reported to your insurance company? If so, provide the name of the insurance company and the policy number: _____

15. Attach any documents that support the claim's allegations.

16. I claim damages from the District in the sum of \$ _____.

This claim form must be signed by either the Claimant or on behalf of the Claimant by a person who holds a written power of attorney from the Claimant, an attorney in fact for the claimant, an attorney admitted to practice in Washington State on the Claimant's behalf, or a court-approved guardian or guardian ad litem on behalf of the Claimant.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Claimant

Date and place (address, city and county)

OR

Signature of Representative

Date and place (address, city and county)

Print name of Representative

Bar Number (if applicable)

Representative's position (attorney, guardian, etc.)

CLAIM FOR DAMAGES SAMMAMISH PLATEAU WATER & SEWER DISTRICT

*** Additional Information Required for Automobile Claims Only ***

License Plate # _____ Driver's License # _____

Auto Type: _____
Year *Make* *Model*

VIN: _____

Driver: _____

Address: _____

Phone: _____

Owner: _____

Address: _____

Phone: _____

Passengers:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____