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 ***

<table>
<thead>
<tr>
<th>License Plate #</th>
<th>Driver’s License #</th>
</tr>
</thead>
</table>

Auto Type: _____________________________________________________________

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
</tr>
</thead>
</table>

VIN: ________________________________________________________________

Driver: _____________________________________________________________

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
</table>

Owner: ______________________________________________________________

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
</table>

Driver: _____________________________________________________________

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
</table>

Passengers: __________________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
</table>