

**GRAYS HARBOR COUNTY
CLAIM FOR DAMAGES**

TO: Clerk of the Board of County Commissioners
100 W. Broadway Suite #1
Montesano, WA 98563

PLEASE TAKE NOTICE that, in accordance with Chapter 4.96 RCW, I, _____, hereby present a claim for damages against Grays Harbor County, Washington, based upon the following information as required by RCW 4.96.020:

INSTRUCTIONS: Please answer each question. If more room is needed, use the back of this paper or attach additional sheets and specify the question number. Incomplete answers may delay processing of claim. For vehicle damage, a picture must be taken prior to repair and provided with this claim. If you are unable to do so the vehicle must be made available to the Risk Manager to take photographs (Risk Management, 100 W Broadway, Ste 32, Montesano, WA 98563, 360-249-4144). Two estimates of the damage must accompany the claim.

THIS CLAIM FORM MUST BE NOTARIZED.

1. NAME: _____
(Include spouse if married)
2. ADDRESS: _____
3. The actual residence of the claimant during the six (6) months immediately prior to the time this claim occurred. _____
4. PHONE NUMBER: (_____) _____
5. Describe in detail how the incident occurred, including the date, time, and location. _____

6. Describe in detail damages or injuries you received as a result of the incident. _____

7. If your vehicle was involved, describe it. Year: _____ Make: _____ Model: _____
Color: _____ Additional Information: _____
8. What is the amount of damages claimed? _____
(Remember to attach two estimates for repair of a vehicle or replacement of like kind/model for other losses.)
9. Do you have insurance? Yes No If yes, what is the name of your insurance company and how may we contact them: _____

10. Did you have any discussions with County personnel after the incident? Yes No If yes, list the name and department of county personnel and describe any county vehicle involved (include license number or vehicle number). Name: _____
Department: _____ Vehicle/license number: _____

11. Was the incident investigated by a law enforcement officer? If so, indicate department involved.
 Washington State Patrol Sheriff City Police Name: _____

12. List name, address, and phone number for witnesses, if any. _____

DATED this _____ day of _____, 20____.

Verified Signature of Claimant

Subscribed and sworn (affirmed) to before me this _____ day of _____, 20____.

Notary Public in and for the State of Washington,
residing at:

Filed this _____ day of _____, 20____.

With the Clerk of the Board of County Commissioner

By: _____

NOTE: This claim form is provided by Grays Harbor County solely as an accommodation to claimants, and the County makes no representations as to its legal sufficiency. Responsibility for complying with all requirements of state law regarding claims rests with the claimant. No County employee is authorized to advise you in completing this form or to review its sufficiency with you. Grays Harbor County expressly disclaims responsibility for any such advice or review.