STANDARD TORT CLAIM FORM

General Liability Claim Form

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the City of Orting. Information requested on this form is required by RCW 4.92.020 and may be subject to public disclosure. Claim forms cannot be submitted electronically (via e-mail or fax).

PLEASE TYPE OR PRINT IN INK

Mail or deliver original claim to:

City of Orting
PO Box 489
Orting, WA 98360

CLAIMANT INFORMATION

1. Claimant's name:

_____

Last name *First* *Middle* *Date of birth (mm/dd/yyyy)*

2. Current residential address:

_____

3. Mailing address (if different):

_____

4. Residential address for six months prior to the date of the incident (if different from current address):

_____

5. Claimant's daytime telephone number: _____ _____
Home *Business*

6. Claimant's e-mail address: _____

INCIDENT INFORMATION

7. Date of the incident: _____ Time:_____ ☐a.m. ☐p.m. *(check one)*
(mm/dd/yyyy)

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.
(mm/dd/yyyy) *(mm/dd/yyyy)*

9. Location of incident:_____
State and county *City* *Place where occurred*

10. If the incident occurred on a street or highway:

_____

Name of street *Street Address* *At the intersection with or nearest intersecting street*

11. Agency or department alleged responsible for damage/injury:

_____

_____