

Claim for Damages Form

For Official Use Only

City/Organization City of Orting Date Received from Claimant _____

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the entity named above. 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).

If mailing, send original Claim to:

City of Orting
Attn: City Clerk Kim Agfalvi
PO Box 489
Orting, WA 98360

If via hand delivery, bring Claim to:¹

City of Orting City Hall
City Clerk, Kim Agfalvi
104 Bridge St. S
Orting, WA

Claimant Information

Claimant's name: _____ Date of Birth: _____

Current residential address: _____

Mailing address (if different): _____

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

Claimant's daytime phone number (work, home or cell) _____

Claimant's email address: _____

Incident Information

Date of the incident: _____ Time: _____ am/pm

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

From: _____ To: _____

Location of incident: _____

Name, addresses and telephone numbers of all persons involved in or witness to this incident: _____

¹ City Hall is open Monday through Friday, 9 am to 12 pm, and 1 pm to 5 pm.

Name of all of our employees having knowledge of this incident: _____

Name, addresses and telephone numbers of all individuals not already identified above that have knowledge regarding the issues involved in this incident or knowledge of the claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

Describe the cause of the injury or damages. Explain the extent of the property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

Has this incident been reported to law enforcement? If so, which agency and name of officer (if known).

Have you filed a claim with your insurance carrier? If so, what is their name, phone number and claim number?

Name address and telephone numbers of treating medical providers. Please attach billings and records if available.

Please attach any other documentation that you believe support your claim's allegations

Additional Information Required for Automobile Claims Only

License Plate # _____ Year/ Make/ Model _____
Driver Name, Address & Phone _____
Owner Name, Address & Phone _____
Passenger(s) Name, Address & Phone _____

I am claiming damages in the amount of _____

I declare under penalty of perjury under the laws of the State of Washington the foregoing is true and correct. This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

Signature of Claimant

Date

(If notarized, for notary to complete)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____ Signature: _____ Title: _____

My appointment expires: _____