

SNOHOMISH COUNTY

CLAIM FOR DAMAGE FORM

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against Snohomish County. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. By law, claim forms cannot be submitted electronically (via e-mail or fax). **PLEASE TYPE OR PRINT IN INK**

**Mail or deliver original claim to: SNOHOMISH COUNTY RISK MANAGER
3000 ROCKEFELLER M/S 610
EVERETT, WA 98201-4046**

Business Hours: Monday – Friday, 8:00 a.m. to 5:00 p.m. Closed on weekends and holidays.

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 on the date of the incident (if different from current address):

- (5) Claimant's daytime phone numbers: home phone # _____, business/cell # _____
E-mail address: _____

INCIDENT INFORMATION

- (6) Date of incident: _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy)
- (7) If the incident occurred over a period of time, date of first and last occurrences:
From: _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy)
To: _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy)
- (8) Location of incident: _____
(Place where occurred) (City, if applicable)
- (9) If the incident occurred on a street or highway: _____
(Name of street/highway - intersection or nearest intersecting street)

(17) Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY	
License Plate# _____	Driver License # _____
Type Auto: _____	
(Year)	(Make) (Model)
Driver: _____	Owner: _____
Address: _____	Address: _____
_____	_____
_____	_____

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

NOTE: THIS FORM MUST BE SIGNED

I the undersigned hereby declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

X _____ Date _____
Signature of Claimant

Printed Name

X _____ Date _____
Signature of Claimant

Printed Name

(Add additional signature blocks as necessary)