TORT-LOSS
CLAIM FOR DAMAGES

Claimant’s Name: ___________________________________________ DOB:____________________

Address / Mailing Address: ____________________________________________________________

Phone #: ___________________________ Email: ________________________________

Residence for six months prior to the date of claim (if different):

________________________________________________

Claim Date & Time: ____________________________

1. Description of Incident (Full account, list defects causing loss and actions or inactions of City.
   Specifically answer who was involved, where incident occurred, when incident occurred. Use separate
   sheet if necessary:
   ________________________________________________________________
   ________________________________________________________________

2. Provide an itemized list of your claim, listing specific losses sustained or expected. Please provide
   formal estimates, quotes, or invoices. Use separate sheet if necessary:
   ________________________________________________________________
   ________________________________________________________________

3. Names / Contact of other persons involved in incident:

4. Names / Contact of witnesses or persons with further information:

5. Is claimant willing to settle or compromise? If so, state amount acceptable as full settlement: $_____

MEDICAL INFORMATION DISCLAIMER:

Per chapter 42.56 RCW (public Records Act), a filed Claim for Damages and its attachments are subject to
public disclosure. If you have any attachments to this claim containing medical information, please enclose
those attachments in a sealed envelope marked with your name and the phrase “Medical Contents”.

CITY OF REPUBLIC
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