



TORT-LOSS CLAIM FOR DAMAGES

Date of Claim:

Date Received / By:

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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