## CHELAN COUNTY CLAIM FOR DAMAGES FORM

	CHELAN COOL	VIII CLAIM	FOR DAMAGES I	OKW
CLA	AIM NO. <u>2025-</u>		DATE RECEIVED	):
the com emp	nuant to Chapter 4.96 RCW, this Claimant, and the County makes na plying with all requirements of S loyee is authorized to advise a claimty expressly disclaims responsibility	no representation tate law regard imant in comple	ns as to its legal suffi ing claims rests with eting this form or revi	iciency. Responsibility for the claimant. No County
	d Original Claim for Damage il, Return Receipt Requested, o			ered Mail, or Certified
	<u>E</u> 350 OROND W	CLECTIONS I O AVENUE, ENATCHEE,	LEVEL 3, SUITE 3	
	EASE TYPE OR PRINT IN I		space is needed to	answer any items, attach
<u>CL</u> A	AIMANT INFORMATION			
1)	Name:			
	Name: (Print Full Name	)		(DOB: mm/dd/yyyy)
2)	Current Residential Address:			
-)			c, city, state, zip code	)
2)	M-:::			
3)	Mailing Address (if different):	(street	/post office box, city	state, zip code)
4)	Residential address on the date	esidential address <i>on the date this incident occurred</i> (if different from current address):		
		(street, city, s	tate, zip code)	
5)	Daytime phone numbers:			
	· ·	(Home)	(Work)	(Cell)
6)	E-Mail Address:			
•				

## **INCIDENT INFORMATION**

- 7) The incident for which I make claim against Chelan County occurred on the \_\_\_\_\_\_ at the hour of \_\_\_\_\_ a.m. p.m. day of
- 8) The incident occurred at the following location:

Place	e of Signing (	residential address	s, city, and county)		
	Sig	nature of Claimar	nt		
DAT	TED this	day of	, 20		
	clare, under going is true o		ury under the laws of the State of Washington, that the		
Was		on the Claimant's	in fact for the Claimant, by an attorney admitted to practice in s behalf, or by a court-approved guardian or guardian ad litem		
			y the Claimant, a person holding a written power of attorney		
15)	If you are claiming injury, are you a Medicare beneficiary?   Yes No (Check One) If Yes, please provide your Medicare number:				
14)	The itemized amount of damages I claim are attached to this form. Two estimates of the cost of repairs or a billing invoice must be attached to this claim, together with the name of your insurance agency. Please also include photos of the damages claimed. If your claim relates to a personal injury, please attach copies of all medical reports and billings.				
13)	I claim dama	iges from Chelan	County in the sum of \$		
12)	Please descri	be the nature and	extent of your injury or damages.		
11)	My injury or	damages were ca	aused or happened as follows:		
10)	Names, addincident:	esses, and teleph	none numbers of all persons involved in, or witness to, this		
9)	Chelan Cour	ity departments or	r employee(s) allegedly responsible for damage/injury:		