

Claim for Damages Pierce County

Risk Management Department
Ph: 253-798-7462

This Box is For Official Use Only.

Notice: No damages can be paid by Pierce County unless a claim complying with Washington State Law is presented to Risk Management. After filing a claim, please direct all questions to Risk Management at (253) 798-7462 (Office Hours 8:00am - 4:30pm). **Pursuant to RCW 42.56 any documents submitted with this claim form are public records subject to disclosure.**

Instructions: (1) Complete this form giving specific details about your damage or loss. **Include dates, times, witnesses and supporting documents.** (2) Sign the form and have it notarized. (3) Return completed form with **original** signature to **Pierce County Risk Management, Suite 303, 955 Tacoma Avenue S., Tacoma, WA 98402.** **Explanation of claims process:** After this Claim for Damages form is submitted to the Pierce County Risk Management Department, a claim number will be assigned to your claim. An investigator will conduct an investigation and be in contact with you.

Name: _____
First, Middle, Last (or business name)

Address: _____
(Home or business) City State Zip

Business Phone: _____ **Home Phone:** _____ **Message / Cell Phone:** _____

Date of Birth _____

Address at time loss / incident occurred: _____
Address City State Zip

Date of Incident: _____ **Time of Incident:** _____ **Amount Claimed: \$** _____

Location of loss/incident: _____

Description of Details (Describe how the loss / incident occurred): _____

Pierce County's Involvement (if possible, please identify employee, department and/or vehicle involved): _____ (Attach additional pages if necessary).

Witnesses (please provide addresses and phone numbers):

(1) _____ (2) _____ (3) _____

Property Damage (please describe the value and extent of the damage to your home, automobile or personal property. Attach estimates, bills, photographs and whatever documentation of damages you may have): _____

Model _____ Make _____ Year _____ License _____ Insurance _____ Policy _____
Number _____ Name _____ Number _____

Were you injured? No Yes If yes, then complete the following:

Are you still receiving medical treatment? Yes No

Are you currently on Medicare/Medicaid? Yes No

Describe your injury (Identify your doctor(s)/healthcare provider(s)): _____

" I declare under penalty of perjury under the laws of the State of Washington that the above is true and correct. "

Signature of Claimant or Authorized Agent (RCW 4.96.020 (3)) Date

Subscribed and sworn to before me this _____ day of _____, _____

(SEAL)

NOTARY PUBLIC in and for the State of Washington,
residing at _____