

CLAIM FOR DAMAGES FORM

LAKEHAVEN UTILITY DISTRICT:

Please take note that (1) _____, who currently resides at (2) _____, mailing address (3) _____, home phone # (4) _____, work phone # (5) _____, and who resided at (6) _____ at the time of the occurrence and whose date of birth is (7) _____ is claiming damages against LAKEHAVEN UTILITY DISTRICT in the sum of (8) \$ _____ arising out of the following circumstances listed below.

(9) **DATE OF INCIDENT:** _____ (10) **TIME:** _____

(11) **LOCATION OF INCIDENT:** _____

DESCRIPTION:

(12) Describe the conduct and circumstance that brought about the injury or damage. Also describe the injury or damage:

(attach an extra sheet for additional information, if needed)

(13) Provide a list of witnesses, if applicable, to the occurrence including names, addresses, phone numbers, and knowledge of incident.

(attach an extra sheet for additional information, if needed)

(14) Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.

(15) Have you submitted a claim for damages to your insurance company? ____ Yes ____ No

If so, please provide the name of the insurance company: _____
and the policy #: _____

(16) ** ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY **

License Plate # _____ Driver License # _____

Type Auto: _____
(year) (make) (model)

(a) **DRIVER:** _____ (b) **OWNER:** _____

Address: _____ Address: _____

Phone#: _____ Phone#: _____

(c) **Passengers:**

Name: _____ Name: _____

Address: _____ Address: _____

(17) ** NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED **

I, _____, being first duly sworn, depose and say that I am the claimant for the above described claim; that I have read the above claim, know the contents thereof and believe the same to be true.

X _____

X _____

Signature of Claimant(s)

State of Washington
County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

Signature

Title
My appointment expires _____

Please file in person or by U.S. Mail with: Lisa Alexander, Lakehaven Utility District, 31627 1st Ave S, P.O. Box 4249, Federal Way, WA 98063-4249. Business Hours – 8:00 a.m. – 4:30 p.m. Monday through Friday