

**INSTRUCTIONS FOR COMPLETING CLAIM FOR DAMAGES FORM  
LAKEHAVEN UTILITY DISTRICT**

- ◆ Before filing a Tort Claim, please read these instructions, the Tort Claim form, and other appropriate forms in their entirety.
- ◆ Type or print clearly in ink and sign the Tort Claim form in front of a notary of public.
- ◆ Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, estimates, etc.
- ◆ If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.
- ◆ The following are examples on how to complete the Claim for Damages form:
  1. Claimant's Name: John Doe Smith
  2. Claimant's Current Address: 1122 Green Way, Tacoma, WA 98402
  3. Claimant's Current Mailing Address: P.O. Box 1122, Tacoma, WA 98402
  4. Claimant's Home Phone: 253-532-2345
  5. Claimant's Work Phone: 253-988-8877
  6. Claimant's Address at the time of alleged incident: 561 College Way, Seattle, WA 98111
  7. Claimant's Date of Birth: January 1, 1977
  8. Amount of Claim: \$10.00
  9. Date of Incident: December 31, 2006 - If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time.
  10. Time of the Incident: 8:00 a.m.
  11. Location of Incident: 98 West Way, Federal Way.
  12. Description: Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why. If you reported this to law enforcement, safety, or security personnel, please provide a copy of the report or contact information to the person you spoke with or police department and case number.
  13. List all other witnesses having knowledge of the incident in question, their names, addresses, and telephone numbers that are not listed within the previous items. Also include a description of knowledge. For example, if your sister was with you, when the alleged incident occurred, please include her name, address, telephone number, and indicate she witnessed the incident.
  14. Provide copies of any documents related to expenses, injuries, losses, and/or estimates of repair. Copy of auto repair estimate.
  15. Mark the "Yes" or "No" box as to whether or not your insurance has been notified. If so, provide the insurance company name and policy number. Yes, State Farm, Claim #112233-99.
  16. Automobile Claims ONLY. License Plate Number and State: 266-144 WA; Driver's License Number and State of License for the person driving at the time of incident: WA DOE\*\*J556; Year, Make and Model of Vehicle: 1991 Ford Escort, 4 door sedan.
    - a) Driver Name, Address, and Phone: Lisa Doe Smith, 1122 Green Way, Tacoma, WA 98402. 253-532-2345.
    - b) Owner of Vehicle's Name, Address, and Phone: John Doe Smith, 1122 Green Way, Tacoma, WA 98402. 253-2345.
    - c) Passenger's Name, Address, and Phone: Lisa Doe Smith, 1234 Apple Way, Seattle, WA 98104. 206-123-2345.
  17. Notary. Claimant or authorized representative (see notation below) must sign the claim form in front of a notary public and the notary must notarize the form.
- ◆ The claim form must be signed by the Claimant, a person holding a written power of attorney from the claimant, by the attorney in fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.
- ◆ PLEASE FILE THE CLAIM IN PERSON OR BY U.S. MAIL. Lisa Alexander, Lakehaven Utility District, 31627 1<sup>st</sup> Ave S, P.O. Box 4249, Federal Way, WA 98063-4249. Business Hours – 8:00 a.m. – 4:30 p.m. Monday through Friday.