Port Angeles School District

PORT ANGELES SCHOOL DISTRICT

Claim for Damages

CHAPTER 4.96 RCW

To the Registered Agent of Port Angeles School District

Instructions
for
Completion & Presentation of Tort Claim

(Claim for Damages)

1. Complete the Tort Claim form maintained at the Port Angeles School District.

REGISTERED AGENT FOR PORT ANGELES SCHOOL DISTRICT:
SCOTT HARKER
PORT ANGELES SCHOOL DISTRICT
905 W 9TH ST.
PORT ANGELES, WA 98363
Business Hours:
8:00 a.m. to 4:30 p.m.

2. Tort Claim form must be typed or printed clearly in ink.
3. Provide all requested information and any available documents supporting your claim.
4. 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.
5. The tort claim must be signed by the authorized party and must be notarized.
6. Present properly completed and signed Tort Claim form in one of the following manners:

   A) Personal delivery to registered agent or authorized person in the office of the registered agent during the above business hours.

   B) Deliver by registered mail to registered agent.

   C) Deliver by certified mail (with return receipt) to registered agent.

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Please take notice that *(please print)* _____
Full Name *Date of Birth*

Mailing Address: _____
Street *City* *Zip*

Daytime Phone # _____ Cell # _____

Email Address _____

Who resided at _____ at the time of injury/damage.

Claim damages from the Port Angeles School District in the amount of $_____arising out of the following circumstances.
(Please answer the questions below.)

What happened? _____

_____

_____

_____

_____

_____

Where? *(Provide as much detail as possible including street address.)* _____

_____

When? Date: _____ **Time:** _____

Person(s) Involved / Witness(es):

Name	*Address*	*Telephone #*
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accurately describe injury sustained or items of damage claimed. Itemize all expenses and losses.

_____

_____

_____

_____

_____

(*Attach extra page if necessary.*)

Why is the Port Angeles School District responsible for this injury or damage?

_____

_____

_____

_____

_____

_____

_____

Signed:

_____ _____

Claimant or Representative Signature ***Please Print Name***

Authorized by RCW 4.96.020

Being first duly sworn on oath, deposes and says that _he is the above named claimant; that _he has read the foregoing Claim for Damages, knows the contents thereof and believes the same to be true.

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature: _____ Printed: _____

Notary Public in and for the State of Washington

Residing at: _____

My commission expires: _____