CLAIM FOR DAMAGES FORM

Pursuant to Chapter 4.96 RCW, this form is for filing a claim for damages against Public Utility District No. 1 of Pend Oreille County. Some of the information requested on this form is required by RCW 4.96.020. The contents of this form and all attached materials may be subject to public disclosure. If you have any questions regarding this form or the process, please email **claims@popud.org** or call 509-447-3137.

Mail original claim to:
Pend Oreille PUD
Attn: Amber Gifford
P.O. Box 190
Newport, WA 99156

Deliver original claim to:
Pend Oreille PUD
Attn: Amber Gifford
130 N. Washington
Newport, WA 99156

Hours: Monday – Friday, 8:00 a.m. to 5:00 p.m., excluding weekends and holidays

PLEASE TYPE OR PRINT IN INK

CLAIMANT INFORMATION

1) Claimant's Last Name: _____ First Name: _____ MI: _____

2) Date of Birth: _____ (MM/DD/YYYY)

3) Current street address: _____

_____

4) Current mailing address (if different): _____

_____

5) Residential address on the date of the incident (if different from current address):

_____

_____

6) Daytime phone numbers: Cell Phone: _____ Home or Business: _____

7) Email address: _____

8) Are you represented by an attorney for this claim? ☐ NO ☐ YES *(If yes, please answer the following)*

Name of Attorney: _____

Attorney's Phone & Email: _____

INCIDENT INFORMATION

9) Date of Incident: _____ Time: _____ ☐ A.M. ☐ P.M.

10) If the incident occurred over a period of time, date of first and last occurrences:

From: _____ Time: _____ ☐ A.M. ☐ P.M.

To: _____ Time: _____ ☐ A.M. ☐ P.M.

11) Location of Incident: _____

12) Describe what happened. *Please provide a description of the conduct and the circumstances that brought about the injury or damage. Please provide a description of the injury or damage. Explain the extent of property loss or medical injuries. Attach additional sheets if necessary.*

13) I claim damages in the amount of: $_____

Please attach documents to support your claim (pictures, bids, invoices, etc.)

14) Names, addresses, and telephone numbers of all persons involved in or witnesses to this incident:

15) Names of all Pend Oreille PUD employees having knowledge of this incident: _____

16) Names, addresses, and telephone numbers of all individuals not already identified in (14) and (15) above that have knowledge regarding the liability issues involved in this incident, or knowledge of the claimant's resulting damages. *Please include a brief description as to the nature and extent of each person's knowledge.*

17) Has this incident been reported to law enforcement, safety, or security personnel? If so, when and to whom? _____

18) Names, addresses, and telephone numbers of treating medical providers. Attach copies of all medical reports and billings._____

** **NOTE: THIS FORM MUST BE SIGNED**. *This claim form must be signed by the Claimant, a person holding a written Power of Attorney from the Claimant, the attorney-in-fact for the Claimant, an attorney admitted to practice law in the State of Washington on the Claimant's behalf, or by a court-appointed guardian or guardian ad litem on behalf of the Claimant.*

I/we, the undersigned claimant(s), declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

*X*_____ Date: _____
Signature of Claimant

_____
Printed Name

*X*_____ Date: _____
Signature of Claimant (if more than one)

_____
Printed Name

****ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY****

License Plate No. _____ Driver's License No._____

Automobile Year: _____ Make:_____ Model:_____

Driver: _____ **OWNER:** _____

Address: _____ Address: _____

If you need further assistance, or have questions filling out this form, you may contact Pend Oreille PUD at: 509-447-3137 or by emailing claims@popud.org. Once your claim is received, the PUD will perform an investigation and contact you regarding the outcome of your claim.