Chehalis School District #302

Instructions for completion and presentation of Tort claim

RCW 4.96

1. Complete the Tort claim form maintained at the Superintendent’s Office, located at 310 SW 16th Street, Chehalis, WA 98532

   Registered agent:  Dr. Christine Moloney
   Office location:   310 SW 16th Street
   Business hours:   Monday through Friday 7:30AM to 4:30PM

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. Sign by authorized party and have notarized.
6. Present properly completed and signed Tort claim in one of the following manners:
   A. Personal delivery to registered agent or authorized person in office of the registered agent during above business hours.
   B. Deliver by registered mail to the registered agent.
   C. Deliver by certified mail with return receipt to registered agent.
Chehalis School District #302
Claim for Damages
Chapter 4.96 RCW

To the registered agent of Chehalis School District #302
Please take notice that (full name) ____________________________________________
(Date of Birth ____ / ____ / ____)
Who now resides at ______________________________________________________
Daytime phone # _______________________
Who resided at ________________________________________________ at the time of injury/damage.
Claim damages from Entity (in the amount of) $ _____________ arising out of the following circumstances: (please answer the questions below)
What happened? _________________________________________________________
________________________________________________________________________
________________________________________________________________________
When? (date and time) _________________________________________________
Persons involved/witnesses. (include name & address) ____________________________
________________________________________________________________________
Accurately describe injury sustained or items of damage claimed. Itemize all expenses and losses. (attach extra page if necessary)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Why is Entity responsible for this injury or damage? ____________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Signed: _________________________________________________________________
(claimant or representative authorized by RCW 4.96.020)
Being first duly sworn on oath, deposes and says that __they are the above named claimant; that __they have 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 ___________________________