

**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 7:30 AM to 4:00 PM

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 \_\_\_\_\_