



CLAIM FOR DAMAGES
Attn: Designated Agent
PO Box 99070
Lakewood WA 98496-0070
P 253.581.8088 F 253.983.2707

Pursuant to Title 4, Chapter 96 of the Revised Code of Washington, all claims for damages against any local government entity shall be presented to and filed with the government entity and the government entity's designated agent within the applicable period of time limitations. RCW 4.96.020. All claims shall describe the conduct and circumstances, location, which brought about the injury or damage, describe the injury or damage, date, time, location, witnesses if known. In addition, it is necessary to provide adequate independent supportive documentation in support of your claim, for example: repair costs estimates, medical bills, loss wages earning statement, etc.

Claimant's Name _____
 (First) (Middle) (Last)

Home Phone _____ Work Phone _____ Cell Phone _____

Current Residence _____
 (Give residence by House/Apt. Number, Street, City, State, Zip Code)

Mailing Address _____

Email Address _____

And who, for six months prior to accrual of claim or date of accident, has resided at:

 (Give residence by House/Apt. Number, Street, City, State, Zip Code)

Date of Birth _____
 (Month/Day/Year)

If your claim arose as a result of an automobile accident, please provide the following:

Driver's License Number _____ License Plate Number _____

Make of your vehicle _____ Model _____ Vehicle Year _____

Claims damages of and from Pierce Transit in the sum of \$_____, arising out of the following circumstances:

Date of Incident _____ Time of Incident _____ Location _____
 (Month/Day/Year) (City, State)

DESCRIBE YOUR CLAIM, GIVING DATE AND TIME OF INJURY OR DAMAGE OCCURRED, PLACE AND FULL SPECIFICS, ACCURATELY LOCATING AND DESCRIBING DEFECTS CAUSING INJURY OR DAMAGE AND ALL ACTS OF NEGLIGENCE CLAIMED: (Use additional pages if necessary.)

LIST NAMES, ADDRESSES, AND PHONE NUMBERS OF ALL KNOWN WITNESSES:

ACCURATELY DESCRIBE INJURIES OR DAMAGES:

STATE ITEMS OF DAMAGE CLAIMED. ITEMIZE ALL EXPENSES AND LOSSES:
(Attach additional pages if necessary)

State law requires that the claimant sign and verify the Claim for Damages and that it be presented to and filed with Pierce Transit and its designated agent before the expiration of the applicable statute of limitations. If the claimant is incapacitated from verifying, presenting, and filing the claim in the time prescribed, or if the claimant is a minor, or is a non-resident of the absent there from during the time within which the claim is required to be filed, the claim may be verified, presented, and filed on behalf of the claimant by any relative, attorney, or agent representing the claimant.

Signature of Claimant (claimant must swear to claim) (Month/Day/Year) (City, State)

STATE OF WASHINGTON)
County of Pierce) ss.
)

_____, Being duly sworn and on oath, deposes and says that the above claim is true and correct and was executed as their free act and deed.

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

(SEAL)

Notary Public in and for the State of Washington

Residing at _____

My commission expires _____