

CLAIM FOR DAMAGES



Public Entity Metropolitan Park District of Tacoma

Claimant's Telephone: ()
(Home)
()
(Work)

Please take notice that _____
(Print full name)

Who now resides at _____
(Give residence and mailing address by street number, PO Box, City, State, and Zip Code)

And who, for six months prior to accrual of claim or date of accident, has resided at _____
(Give residence in same manner as above)

Claims damages in the sum of \$ _____, giving date and time of injury or damage occurrence as _____ at _____, arising out of the following circumstances:
(Date) (Time)
DESCRIBE PLACE AND FULL PARTICULARS OF CLAIM, ACCURATELY LOCATING AND DESCRIBING DEFECTS CAUSING THE INJURY OR DAMAGE AND ALL ACTS OF NEGLIGENCE CLAIMED (Use additional pages, if necessary, and attach all receipts, proof of damage, etc.):

Accurately describe injuries or damages:

State items of damage claimed. Itemize all expenses and losses and include receipts:

List names and addresses of all witnesses:

(Claimant must swear to claim)

(Signature of claimant)

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

(SEAL)

Notary Public in and for the State of Washington,

(Place of residence)

Send the complete and notarized form to: Risk Mgmt, Metro Parks Tacoma, 4702 S. 19th St., Tacoma, WA 98405