



## **FRANKLIN COUNTY CLAIM FOR DAMAGES FORM**

This Franklin County Claim for Damages Form (claim form) is provided pursuant to *RCW 4.96.020* as an accommodation to claimants, and Franklin County makes no representations as to its legal sufficiency. Responsibility for complying with all requirements of state law regarding claims rests with the claimant. No Franklin County employee is authorized to advise a claimant in completing this claim form or reviewing its sufficiency. Franklin County expressly disclaims responsibility for any such advice or review. (If more space is needed to answer any items, attach additional sheets and specify the item number.)

### **INSTRUCTIONS:**

Per Franklin County Ordinance 2-2014 send this completed and notarized claim form to the following appointed agent(s) of Franklin County during the normal business hours of 8:30 a.m. to 5:00 p.m.:

**Clerk to the Board**

Board of County Commissioners  
Franklin County Courthouse  
1016 North Fourth Avenue Suite A103  
Pasco, Washington 99301-3706

**-or-**

**Assistant to the County Administrator**

Administration/Commissioners Office  
Franklin County Courthouse  
1016 North Fourth Avenue, Suite A102  
Pasco, Washington 99301-3706

**STATE OF WASHINGTON)**

) **ss**

**COUNTY OF \_\_\_\_\_ )**

\_\_\_\_\_, being first duly sworn on oath, deposes and says that I  
(Please **PRINT full name**)  
am the claimant herein and believe the contents of this claim to be true. I hereby present a claim for damages against Franklin County, Washington, based upon the following information as required by *RCW 36.45.010* and *RCW 4.96.010*.

1. My full legal name is:
2. My date of birth is:

3. My current contact information is (i.e. telephone, phone number, email, etc.):
  
4. My actual residence at the time of presenting and filing this claim is:
  
5. My actual residence at the time this claim arose was:
  
6. The incident for which I make claim against the county occurred on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_ a.m./p.m.  
(month) (year) (time)
  
7. The incident occurred at the following location:
  
8. The names of all persons involved or witnessing the incident and their contact information (i.e. telephone number, address, etc.) are:
  
9. My injury or damages were caused or happened as follows:
  
10. The nature of the injury or damages I sustained are:

11. The amount of damages sustained are itemized. (A billing or two (2) estimates of the cost of repairs must be attached to this claim

Total Claiming: \$ \_\_\_\_\_

12. Name and contact information of your insurance carrier:

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Claimant ( or Attorney for Claimant Signature)*

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**SUBSCRIBED and SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

Residing at: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_