



STANDARD TORT CLAIM FORM

INSTRUCTIONS FOR COMPLETING A STANDARD TORT CLAIM FORM PACKET

Carefully read all of the information in this packet before completing and submitting your Standard Tort Claim.

Please note that no documents will be returned.

1. Type or print clearly in ink and sign the completed Standard Tort Claim Form.
2. Please provide as much detail as possible in the description section regarding the incident you are claiming damages for. If the requested information cannot be supplied in the space provided, please use additional blank sheets.
3. You must sign and date this official claim form. State law requires that the form be signed by the claimant, the claimant's attorney (or attorney-in-fact as authorized by written power of attorney), or a court-approved guardian or guardian-ad-litem on behalf of the claimant. State law requires an original signature, therefore claim forms cannot be submitted by fax or email.
4. It is to your advantage to attach relevant supporting documents (copies of any receipts, bills, invoices, estimates) or additional evidence (photos, diagrams, and such). A claim can be resolved faster when all relevant information is provided for consideration. All documents are subject to the Washington State public disclosure statutes.
5. You must file your claim with the Administrative Services Manager in order for it to be valid. Return the original, signed Standard Tort Claim Form and supporting documentation in person or via mail to:

Valley Communications Center
Attn: Mary Sue Robey, Administrative Services Manager
27519 108th Avenue Southeast
Kent, WA 98030

Business Hours: Monday through Friday — 8:00 a.m. to 4:30 p.m.

Closed weekends & holidays.



STANDARD TORT CLAIM FORM

Pursuant to RCW Chapter 4.96, this form is for filing a tort claim against Valley Communications Center. Information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure.

PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver original claim to Mary Sue Robey, Administrative Services Manager
Valley Communications Center
27519 108th Ave SE
Kent, WA 98030

CLAIMANT INFORMATION

Claimant's name: _____
First name Middle Last name

Date of birth: _____

Current residential address: _____

Mailing address (if different): _____

Residential address at the time of the incident: _____
(if different from current address)

Telephone number: _____

Email address: _____

Are you represented by an attorney?

Attorney name: _____
Attorney firm: _____
Mailing address: _____
Phone: _____
Email: _____



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INCIDENT INFORMATION

Date of the incident: _____ Time: _____
(mm/dd/yyyy)

If the incident occurred over a period of time, date of first and last occurrences:

From _____ Time: _____
(mm/dd/yyyy)

To _____ Time: _____
(mm/dd/yyyy)

Location of incident: _____
State and county City, if applicable Place where occurred

If the incident occurred on a street or highway:

Name of street or highway Milepost number Nearest intersection

Describe what happened (attach additional pages if needed):

How was this organization involved?

Were you injured?

Describe any damage to your property or injuries:

I claim damages in the sum of \$ _____.

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by the attorney from the Claimant, by the attorney in fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of Claimant

Date and place (residential address, city and county)

Or

Signature of Representative

Date and place (residential address, city and county)

Print Name of Representative

Bar Number (if applicable)