

Instructions for Completing a Standard Tort Claim Form

- Before presenting a Standard Tort Claim form, please read these instructions and the Standard Tort Claim form in their entirety.
- Type or print clearly in ink and sign the Standard Tort Claim form.
- Provide all required information and any available documents or evidence supporting your claim, such as bills, photographs, receipts for property value, etc.
- If the requested information cannot be supplied in the space provided, please use additional blank sheets so your Standard Tort Claim form can be easily read and understood.
- The following are examples on how to complete the Standard Tort Claim form:
 1. Smith, Sally Ann
 2. 5/28/1947
 3. 1234 Washington Way, Apt. 56, Longview, WA 98632
 4. P.O. Box 789, Longview, WA 98632
 5. (360) 423-1234 / (360) 430-1234
 6. sallysmith@yahoo.com
 7. August 26, 2009, 8:00 a.m.
 8. 1212 Ocean Beach Hwy, Longview, WA 98632
 9. 1234 Washington Way, Apt. 56, Longview, WA 98632
 10. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, when and why.
 11. Please provide copies of all bills, receipts or other documents to support your claim.
 12. Please provide the dollar amount for your damages, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.
 - If you are presenting a personal injury claim, please sign and attach the Medical Release Form.
 - If your claim involves a motor vehicle accident, please complete, sign, and attach the Vehicle Accident Report Form.
 13. Smith, John - 1234 Delaware St., Longview, WA 98632, (360) 577-0101

COMPLIANCE WITH RCW 4.96.020 IS THE RESPONSIBILITY OF THE CLAIMANT. PUBLIC UTILITY DISTRICT NO.1 COWLITZ COUNTY, WA DOES NOT WAIVE DEFENSES FOR NON-COMPLIANCE THEREWITH.

Standard Tort Claim Form

Pursuant to Chapter 4.96 RCW, this form is filing a tort claim against Cowlitz PUD. All of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Failure to provide information may result in denial of the claim. Pursuant to the new law, Standard Tort Claim forms cannot be submitted electronically (via e-mail or fax)

For Office Use Only
No.

PLEASE TYPE OR PRINT IN INK

Mail or Deliver Original Claim to:
 Cowlitz County PUD
 Risk Management
 961 12th Avenue
 P.O. Box 3007
 Longview, WA 98632

Business Hours:
 Monday-Friday
 8:00 a.m. to 5:00 p.m.
 Closed on weekends and
 official state holidays.

CLAIMANT INFORMATION

1	Name		
		<i>Last</i>	<i>First</i>
2	Date of Birth		
3	Current Address		
4	Mailing Address		
5	Daytime Phone		Cell Phone
6	E-mail Address		

INCIDENT INFORMATION

7	Date of Incident		Time		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
8	Location of Incident				
9	Residence at Time of Incident				

10	Cause of Damages and Description of Damages <i>(attach additional sheets if necessary)</i>

Please attach documents that support the claim's allegations such as; photographs, police reports, etc.

11	List of Damaged Items
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Item	Purchase Date	Purchase Price	Repair Cost <input type="checkbox"/> Estimate <input type="checkbox"/> Actual	Was Surge Protection Used? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

12	Total Claim Amount	\$	
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Please attach documents that support your claim amount such as; receipts, appraisals, invoices, estimates, etc.

13	Witness or Persons Involved with the Incident (include name, address and phone number)

This Claim form must be signed by the Claimant, a person holding a written power of 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-appointed 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