

South Kitsap School District

Business and Support Services

(360) 874-7013 Office

(360) 874-7068 Fax

www.skschools.org

Claim for Damages

Chapter 4.96 RCW

To the registered agent of _____

Please take notice that (full name) _____

Date of Birth _____

Who now resides at _____

Daytime phone number _____

Who resided at _____ at the time of injury/damage.

Claim damages from Entity (in the amount of) \$_____ arising out of the following circumstances: (Please answer the questions below)

What happened? _____

Where? (Provide as much detail as possible including street address.) _____

When? (date and time) _____

Persons involved/witnesses. (Include name & address.) _____

Accurately describe injury sustained or items of damage claimed. Itemize all expenses and losses. (Attach extra page if necessary) _____

Why is Entity responsible for this injury or damage? _____

South Kitsap School District
Claim for Damages (Chapter 4.96 RCW)

Signed:

(Claimant or representative authorized by RCW 4.96.020)

Being first duly sworn on oath, deposes and says that _____ he is the above named claimant; that _____ he has read the foregoing Claim for Damages, knows the contents thereof and believes the same to be true.

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

Signature _____

Printed _____

Notary Public in and for the State of Washington
Residing at _____

My commission expires _____

South Kitsap School District

Instructions for Completion and Presentation of Tort claim

Claim for Damages (Chapter 4.96 RCW)

1. Complete the Tort claim form maintained at office of registered agent as recorded at office County Auditor.

Registered Agent: Tim Winter, Superintendent

Office Location: South Kitsap School District
2689 Hoover Ave SE
Port Orchard, WA 98366

Business Hours: 7:30 a.m. to 4:30 p.m., Monday through Friday
(excluding holidays)

2. Tort claim form must be typed or printed clearly in ink.
3. Provide all requested information and any available documents supporting your claim.
4. If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.
5. Sign by authorized party and have notarized.
6. Present properly completed and signed Tort claim form in one of the following manners:
 - A) Personal delivery to registered agent or authorized person in office of the registered agent during above business hours.
 - B) Deliver by registered mail to registered agent.
 - C) Deliver by certified mail (with return receipt) to registered agent.