

**Chehalis School District #302**

**Instructions for completion and presentation of Tort claim**

**RCW 4.96**

1. Complete the Tort claim form maintained at office of Superintendent's office located at 310 SW 16<sup>th</sup> Street, Chehalis, WA 98532

Registered agent Ed Rothlin

Office location 310 SW 16<sup>th</sup> Street

Business hours 8-5 during the school year and 7-3:30 during the summer

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.

**Chehalis School District #302  
Claim for Damages**

Chapter 4.96 RCW

To the registered agent of Chehalis School District #302

Please take notice that (full name) \_\_\_\_\_

(Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_)

Who now resides at \_\_\_\_\_

Daytime phone # \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_