



CLOVER PARK SCHOOL DISTRICT

Claim for Damages

CHAPTER 4.96 RCW

TO THE REGISTERED AGENT OF CLOVER PARK SCHOOL DISTRICT

Instructions
For
Completion & Presentation of Tort Claim
(Claim for Damages)

- 1) Complete the Tort Claim form maintained at Clover Park School District, Student Services Center, as recorded at the Pierce County Auditor's office.

REGISTERED AGENT FOR CLOVER PARK SCHOOL DISTRICT:

Rick Ring
Clover Park School District
Student Services Center
10903 Gravelly Lake Drive SW
Lakewood, WA 98499

Business Hours:
7:30 a.m. to 4:30 p.m.

- 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) The tort claim must be signed by the authorized party and must be 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 the office of the registered agent during the Above business hours.
 - B) Delivery by registered mail to registered agent.
 - C) Deliver by certified mail (with return receipt) to registered agent.



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Please take notice that (*please print*) _____
Full Name *Date of Birth*

Mailing Address: _____
Street *City* *Zip*

Daytime Phone # _____ Cell # _____

Email Address _____

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

Claim damages from Clover Park School District 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: _____ **Time:** _____

Person(s) Involved/Witness(es):

<i>Name</i>	<i>Address</i>	<i>Telephone #</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Why is Clover Park School District responsible for this injury or damage?

Signed:

<i>Claimant or Representative Signature</i>	<i>Please Print Name</i>
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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: _____

(Seal)