PIERCE TRANSIT CLAIM FOR DAMAGES



Attn: Designated Agent, 3701 96th St SW, Lakewood, WA 98499 (253) 581-8000 fax (253) 983-2707

Pursuant to Title 4, Chapter 96 of the Revised Code of Washington, all claims for damages against any local government entity shall be presented to and filed with the government entity and the government entity's designated agent within the applicable period of time limitations. RCW 4.96.020. All claims shall describe the conduct and circumstances, location, which brought about the injury or damage, describe the injury or damage, date, time, location, witnesses if known. In addition, it is necessary to provide adequate independent support of your claim, i.e., repair costs estimates, medical bills, loss wages earning statement, etc.

Claimant			Date of Birth
(First)	(Middle)	(Last)	(Month/Day/Year)
Home Phone	Work Phone	Cell Phone	
Email Address			
Current Address		Mailing Address (If different)	
Residence on date of incident if	different than current address:		
	(Give residence by Hous	_	t, City, State, Zip Code)
If your claim arose as a result of			
Driver's License Number		License	e Plate Number
Make of your vehicle	Model		Vehicle Year
Claims damages of and from Pie	erce Transit in the sum of \$, arising	g out of the following circumstances:
Date of Incident:(Month/Day,	Year) Time of Incident:	Locati	on:(City, State)
LIST NAMES, ADDRESSES, A	AND PHONE NUMBERS OF	ALL KNOWN WITN	NESSES:
ACCURATELY DESCRIBE IN	NJURIES OR DAMAGES:		
STATE ITEMS OF DAMAGE (Attach additional pages if necessa		EXPENSES AND LOS	SSES:

CLAIM FOR DAMAGES



DESCRIBE YOUR CLAIM, GIVING <u>DATE AND TI</u> <u>SPECIFICS,</u> ACCURATELY LOCATING AND DES		
ACTS OF NEGLIGENCE CLAIMED: (Use additional		
State law requires that the claimant signs and verify the and or its designated agent before the expiration of twerifying, presenting, and filing the claim in the time pre there from during the time within which the claim is required the claimant by any relative, attorney, or agent represe handled as part of the claims process and not as a public form is available at Pierce Transit headquarters' front defrom our website at Piercetransit.org.	the applicable statute of scribed, or if the claiman uired to be filed, the claimant the claimant. Any records request. In the	I limitations. If the claimant is incapacitated from the is a minor, or is a non-resident of the state absent m may be verified, presented, and filed on behalf of information requested on this claim form will be event you wish to make a public records request, a
I declare under penalty of perjury under the laws of the s	state of Washington that	the foregoing is true and correct.
Signature of Claimant (claimant must swear to claim)	(Month/Day/Year)	(City, State)
Print Name of Claimant		
Or		
Signature of Representative	(Month/Day/Year)	(City, State)
Print Name of Representative		