

**City of Fircrest  
Claim for Damages**

Chapter 4.96 RCW

**STANDARD TORT CLAIM FORM**

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the City of Fircrest. Some of the information requested on this form is required by RCW 4.96 and may be subject to public disclosure. Pursuant to State law, Standard Tort Claim forms cannot be submitted electronically (via e-mail or fax).

**PLEASE TYPE OR PRINT IN INK**

Mail or deliver original claim to:                      City Clerk  
   115 Ramsdell Street  
   Fircrest WA 98466  
   Business Hours: Mon. - Fri. 8:00 a.m. - 5:00 p.m.  
   Closed on weekends and official City holidays.

**CLAIMANT INFORMATION**

To the registered agent of the City of Fircrest:

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

Date of Birth: \_\_\_\_\_

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

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

Home telephone phone # \_\_\_\_\_

Who resided at \_\_\_\_\_ at the time of injury/damage.

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

What happened? (Attach additional pages if necessary)

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

When? (date and time)

Persons involved/witnesses. (Include names, addresses and telephone numbers)

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

Why do you feel the City of Fircrest is responsible for this injury or damage?

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-approved 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.

Signed:

\_\_\_\_\_  
(Claimant or representative authorized by RCW 4.96.020)

Being first duly sworn on oath, deposes and says that he/she is the above named claimant; that he/she 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\_\_\_\_\_

City of Fircrest  
Instructions for completion and presentation of Tort claim  
RCW 4.96

1. Complete the Tort claim form and submit to:  

Registered agent: City Clerk  
Office location: 115 Ramsdell Street, Fircrest, WA 98466  
Business hours: Mon. - Fri. 8:00 a.m. - 5:00 p.m. Closed on weekends and official  
City 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 regular mail to registered agent.
  - C) Deliver by certified mail (with return receipt) to registered agent.
  - D) Deliver by registered mail to registered agent.