Dorothy L. Knauss
Mayor

Mike Frizzell
City Administrator

CITY OF CHEWELAH
P.O. Box 258 – 301 E. Clay Avenue, Chewelah, WA 99109
(509) 935-8311

NOTICE TO CLAIMANTS

Some homeowners may find it useful to contact their own insurance company. Many homeowner insurance policies provide broader coverage for property damage than provided under the City's insurance coverage.

Submittal of a Claim for Damages does not guarantee payment by the City or its insurance carrier. An investigation by a claims adjuster will be made into the incident to determine if the City has any liability. Please excuse the number of possible interruptions during the investigation period.

If it is determined that the City has a responsibility to you, the amount of claim payment is based on the level of City liability, the level of your liability (if any), the amount of repairs or value of the property that was damaged.

If you contacted the City in an emergency, ***as a public service***, City employees may have assisted you in minor clean up. Remember this assistance does not constitute an admission of liability on the part of the City.

Claim for Damages Packet

Please read all of the information contained in the packet prior to completing and submitting your Claim for Damages

Documents Contained in the Packet

- Instructions for Completing the Standard Tort Claim Form
- Standard Tort Claim Form

Legal Requirements for Submitting a Claim Form

In order to verify the claim and additional supporting information, the law requires that the Standard Tort Claim form be signed by:

- Claimant, parent of a minor claimant; or
- Person holding a written power of attorney from the Claimant; or
- Attorney in fact for the Claimant; or
- Attorney admitted to practice in Washington State on the Claimant's behalf; or
- A court-approved guardian or guardian ad litem on behalf of the Claimant

Important

- State law requires an original signature on the form which means that forms **cannot** be submitted electronically (by fax or email). While not required by law, we ask that the form be notarized.
- The length of the Claim for Damages investigation varies greatly depending on the complexity of the issues and the availability of evidence to support the claim. All relevant information and documents should be provided for consideration.
- The completed form may be subject to public disclosure.

Present in Person or Mail the Claim Form and Supporting Documents to:

City of Chewelah
C/O Clerk/Treasurer
P O Box 258
301 E Clay, Room 104
Chewelah, WA 99109

Voice: 509-935-8311

Business Hours: Monday – Friday 8:00am to 4:30pm
Closed on weekends and official holidays

Instructions for Completing a Standard Tort Claim Form

- Type or print clearly in ink and sign the Form.

- Provide all requested information and any available documents or evidence supporting your claim such as damage estimates, receipts, bills, photographs, etc.

- If requested information cannot be supplied in the space provided, please use additional blank sheets.

- How to complete the Standard Tort Claim Form:
    - If the incident that caused the damages occurred over a period of time, please provide the beginning time and ending time.
    - Provide the dollar amount for your damages that should represent your opinion of total compensation.
    - Location should be specific: ex: 123 Andover Park E.
    - Please describe the incident that you are claiming damages for, specifically answering the questions: who, what, where, when and why.
    - List all witnesses having knowledge of the incident in question including their names, addresses and phone numbers.
    - If the incident was reported to law enforcement, please provide a copy of the report or the contact information for the report.
    - If you are claiming damages to an automobile, please complete information regarding the driver and owner of the vehicle.
    - If a claim has been submitted to your insurance carrier please provide your insurer's information, including company name, telephone number and claim number.

Claim for Damages Form

For Official Use Only

City/Organization_____Date Received from Claimant_____

Claimant Information

Claimant's name:_____Date of Birth:_____

Current residential address:_____

Mailing address (if different):_____

Residential address at the time of the incident (if different from current address):_____

_____

Claimant's daytime phone number (work, home or cell) _____

Claimant's email address:_____

Incident Information

Date of the incident:_____Time:_____am/pm

If the incident occurred over a period of time, date of first and last occurrences:

From:_____To:_____

Location of incident:_____

_____

Name, addresses and telephone numbers of all persons involved in or witness to this incident: _____

_____

_____

Name of all of our employees having knowledge of this incident:_____

_____

Name, addresses and telephone numbers of all individuals not already identified above that have knowledge regarding the issues involved in this incident or knowledge of the claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

_____

_____

_____

_____

Describe the cause of the injury or damages. Explain the extent of the property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

_____

_____

_____

Has this incident been reported to law enforcement? If so, which agency and name of officer (if known).

_____

Have you filed a claim with your insurance carrier? If so, what is their name, phone number and claim number?

_____

Name address and telephone numbers of treating medical providers. Please attach billings and records if available.

_____

_____

Please attach any other documentation that you believe support your claim's allegations

Additional Information Required for Automobile Claims Only

License Plate #_____Year/ Make/ Model_____
Driver Name, Address & Phone_____
Owner Name, Address & Phone _____
Passenger(s) Name, Address & Phone_____

I am claiming damages in the amount of _____

I declare under penalty of perjury under the laws of the State of Washington the foregoing is true and correct. This Claim form must be signed by the Claimant, a person holding a written power of attorney from 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.

_____ _____

Signature of Claimant **Date**

(If notarized, for notary to complete)
I certify that I know or have satisfactory evidence that _____is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____ Signature:_____Title:_____

My appointment expires:_____