



Claim No. _____

CLAIM FOR INJURY OR DAMAGE FORM

This Claim for Injury or Damage form is required by state law and is intended to be a statement of the claimant's knowledge of conditions and injury or damage caused by the incident.

It is in no way an admission that the District is responsible for the accident or required to reimburse the claim for injury or damage. Determination of responsibility for the incident is subject to investigation.

Copies of invoices or receipts must accompany any claim for injury or damage. Any appliances or equipment damaged beyond repair and claimed for replacement must be submitted to the District to substantiate the claim.

Any claim for injury or damage should be submitted within 90 days of the date the injury or damage occurred. Any claim submitted more than 90 days after an incident may be denied due to unavailability of evidence.

PUD #1 of Clallam County
Attn. Larry Morris
PO Box 1090
Port Angeles, WA 98362
360.452.9771

This Claim for Injury or Damage is hereby submitted against PUD #1 of Clallam County on behalf of the claimant named herein. The facts regarding this claim are as follows:

Name of Claimant: _____ DOB: _____
Last First Middle (mm/dd/yy)

Current Resident Address: _____

Mailing address (if different): _____

Daytime Phone No.: _____
Home Business

Where did injury or damage occur: _____

Date and time injury or damage occurred: Date: _____ Time: _____ AM PM

Amount of claim: \$ _____ Are invoices attached?: Yes No

If no, please explain: _____

Name, addresses, & telephone numbers of all persons involved or witness to the incident:

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

What caused the injury or damage?: _____

Description of injury or damage: _____

List items damaged: _____

This claim form must be signed by the claimant, a person holding a written power of attorney for the claimant, by the attorney in fact for the claimant, by an attorney admitted to practice in Washington State on the claimants behalf, or by a court-approved guardian or guardian ad litem on behalf of the claimant.

State of Washington)
County of)

Signature of Claimant

Subscribed and sworn to before me this ____ day of _____, 20____.

NOTARY PUBLIC IN AND FOR THE
STATE OF WASHINGTON, RESIDING
AT: _____

Received by: _____ Date: _____