



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:**

**Attn: Superintendent  
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.



CLOVER PARK SCHOOL DISTRICT  
**Claim for Damages**

CHAPTER 4.96 RCW

TO THE REGISTERED AGENT OF CLOVER PARK SCHOOL DISTRICT

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):**

Name	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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:**

---

*Claimant or Representative Signature*

*Please Print Name*

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)*