



Claim for Damages

TO: The City Clerk and Registered Agent of the City of Kennewick

(See page 2 regarding How to file a Claim for Damage)

Please take notice that in accordance with the provisions of Chapter 4.96 RCW,

_____, whose date of birth is _____
Claimant's full name (mm/dd/year)

Claimant's Address at the time of injury/damage Current address, if different

City, State, Zip City, State, Zip

Daytime Phone Number E-Mail Address

hereby presents a claim for damage in the amount of \$ _____
PLEASE ATTACH VALID ESTIMATES

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 of Incident Time of Incident

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

(Complete all pages)

Other persons involved/witnesses: (Please provide name and address.)

Name

Name

Street Address

Street Address

City, State, Zip

City, State, Zip

I certify under penalty of perjury under the laws of the State of Washington that the foregoing claim is true and correct.

Signature of Claimant or Representative authorized by
RCW 4.96.020

*For City Clerk's Office Use Only
Date Received*

How to file a Claim for Damage:

1. Complete the claim form, which can be obtained from the Kennewick City Clerk at 210 W. 6th Avenue, during the business hours of 8:30 a.m. to 4:30 p.m., Monday through Friday, or go to the website at www.go2kennewick.com to download the form. The claim form must be **typed or printed clearly in ink**.
2. Provide all requested information and any available documents supporting your claim. **Please provide 2 valid estimates for property damage claims.** If the requested information cannot be supplied in the space provided, use additional blank sheets so your claim can be easily read and understood.
3. The claimant or an authorized representative must sign the claim form.
4. Present properly completed and signed original claim form by personal delivery to the City Clerk at 210 W. 6th Avenue during business hours, or by regular mail or certified mail (with return receipt) to City Clerk, PO Box 6108, Kennewick WA 99336.
5. All submitted documents are subject to Washington State's Public Records Act, RCW 42.56, and may be disclosed to a third party requestor.

If you have any questions, please call Dan Lemieux at 509-585-4354.