CLAIM FOR DAMAGES PACKET

Lake Whatcom Water and Sewer District

Before filing a claim against the District, please carefully read these instructions and then complete the Claim for Damages form.

The following Claim for Damages form is for filing a tort claim against the Lake Whatcom Water and Sewer District, pursuant to Chapter 4.96 Revised Code of Washington. All claims must be signed and delivered to the District's claims agent at the District administrative office located at 1220 Lakeway Drive, Bellingham, WA 98229.

Instructions:

- Type or print clearly in ink and sign the Claim for Damages form.
- Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.
- 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.

The following are examples on how to complete each section of the Claim for Damages form.

1) Smith, Theresa Michelle, 02/02/1975
2) 1234 College Way NW, Apt. 56, Bellingham, WA 98225
3) PO Box 910, Bellingham, WA 98225
4) Same (or residence at the time of incident)
5) (360) 123-4567 (425) 765-4321 none
6) theresa@email.com
7) 08/08/2025, 8:00 a.m.
8) If the incident that caused the damages occurred over a period of time, please provide the beginning date and time and the ending date and time (as listed in No. 7).
9) Whatcom, Bellingham, Sudden Valley Morning Beach Park
10) Lakeway Drive at the intersection with Lakeview Street
11) If the incident involves a vehicle accident/collision, please provide the requested information relating to your vehicle.
12) Smith, Thomas Arthur, 1234 Everett Avenue, Ferndale, WA 98248 (360) 456-3456
13) List any District employees who have knowledge about the incident in question.
14) Describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why.
15) If you reported this incident to law enforcement or the District, please provide a copy of the report or the contact information for the person with whom you spoke.
16) If you were treated for a personal injury, provide all of your medical providers' names, addresses, telephone numbers, and the type of treatment. Include your medical records and bills and sign and attach a completed medical release form (provided by your medical provider).
17) Please attach any additional documents that support your claim.
18) Provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of the total compensation.

This page intentionally left blank.

CLAIM FOR DAMAGES

Pursuant to Chapter 4.96 Revised Code of Washington (RCW), this form is for filing a tort claim against the Lake Whatcom Water and Sewer District. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. The General Manager is the District's designated agent for the purpose of receiving claims. ***Claim forms cannot be submitted electronically (via e-mail or fax).***

PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver original signed claim form to:
General Manager
Lake Whatcom Water and Sewer District
1220 Lakeway Drive
Bellingham, WA 98229
Bus. Hours: Monday-Thursday 8:00 a.m. to 5:00 p.m.

CLAIMANT INFORMATION:

1) Claimant's name:

_____
Last Name *First* *Middle* *Date of Birth (mm/dd/yyyy)*

2) Current residential address: _____

3) Mailing address (if different): _____

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

_____

5) Claimant's telephone number: _____
Home *Mobile* *Business*

6) Claimant's e-mail address: _____

INCIDENT INFORMATION:

7) Date of incident: _____ Time: _____ a.m./p.m. (circle one)
(mm/dd/yyyy)

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

From: _____ Time: _____ a.m./p.m. To: _____ Time: _____ a.m./p.m.
(mm/dd/yyyy) (circle one) *(mm/dd/yyyy)* (circle one)

9) Location of incident: _____
County *City, if applicable* *Place where occurred*

10) If the incident occurred on a street:

_____
Name of the street *At the intersection with or nearest intersecting street*

11) If this claim involves a vehicle accident/collision, provide your vehicle information:

Plate No.	*Make*	*Model*	*Year*

Driver's Name	*Driver's License No.*	*Vehicle Owner(s) (if different from driver)*

Owner's Insurance Company	*Phone No.*	*Policy No.*

12) Names, addresses and telephone numbers of all persons involved in or witnesses to this incident:

13) Names, addresses and telephone numbers of all District employees who have knowledge about this incident:

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

15) Has this incident been reported to law enforcement or the District? If so, when and to whom?

16) Names, addresses, and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

17) Please attach documents that support the claim's allegations.

18) I claim damages from the District in the sum of: $

This claim form must be signed by either the Claimant or on behalf of the Claimant by an attorney who holds a written power of attorney for the Claimant, or by an attorney at law admitted to practice in the State of Washington, or by a court-approved guardian or guardian ad litem

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

Signature of Claimant	**Date**	**Place signed (City and State)**