

## Claim for Damage Form

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against Snohomish County Public Utility District #1. Some of the information requested on this form is required by RCW 4.96.020. The contents of this form and all attached materials may be subject to public disclosure. If you have any questions regarding this form or the process, please email [claims@snopud.com](mailto:claims@snopud.com) or call 425-783-8651.

**Mail original claim to:**

Risk Management Dept.  
Snohomish County PUD  
PO Box 1107  
Everett, WA 98206-1107

**Deliver original claim to:**

Risk Management Dept.  
Snohomish County PUD  
2320 California Street  
Everett WA 98201

**PLEASE TYPE OR PRINT IN INK**

### CLAIMANT INFORMATION

1) Name/Company: \_\_\_\_\_

Date of Birth (individuals only): \_\_\_\_\_ (MM/DD/YYYY)

2) Current residential address: \_\_\_\_\_  
\_\_\_\_\_

3) Mailing address (if different): \_\_\_\_\_  
\_\_\_\_\_

4) Residential address on the date of the incident (if different from current address):  
\_\_\_\_\_  
\_\_\_\_\_

5) Cell Phone \_\_\_\_\_ Home or Business \_\_\_\_\_ (please include area code)

6) E-mail address: \_\_\_\_\_

### INCIDENT INFORMATION

7) Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ A.M. ☐ P.M.

8) Location of incident: \_\_\_\_\_  
*Place where incident occurred (address, city, intersection, same as residential address, etc.)*

9) Describe what happened. Please provide a description of the conduct and the circumstances that brought about the injury or damage. Please provide a description of the injury or damage. Explain the extent of property loss or medical injuries.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) I claim damages in the amount of \$ \_\_\_\_\_

*Please attach documents to support your claim (pictures, bids, invoices etc.)*

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

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12) Names of all Snohomish County PUD employees having knowledge of this incident:

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13) Names, addresses, and telephone numbers of all individuals not already identified in (12) and (13) above that have knowledge regarding the liability 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.*

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14) Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

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

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This claim form must be signed by the Claimant, a person holding a written Power of Attorney from the Claimant, the Attorney in Fact for the Claimant, an Attorney admitted to practice in the State of Washington on the Claimant's behalf or by a Court-Approved Guardian or Guardian Ad Litem on behalf of the Claimant.

### **NOTE: THIS FORM MUST BE SIGNED**

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

X \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Claimant*

X \_\_\_\_\_  
*Printed Name*

X \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Claimant*

X \_\_\_\_\_  
*Printed Name*

**\*\*ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY\*\***

License Plate # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Type of Auto: \_\_\_\_\_  
(Year) (Make) (Model)

**DRIVER:** \_\_\_\_\_ **OWNER:** \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you need further assistance, or have questions filling out this form, you may contact Snohomish County PUD, Claims Department at: 425-783-8651 or by emailing [claims@snopud.com](mailto:claims@snopud.com). Once your claim form is received, the Claims Department will perform an investigation and contact you, via letter, regarding the outcome of your claim.