

CITY OF NEWPORT
200 S. Washington Avenue
Newport, WA 99156
509 447-5611, Fax 509 447-2226

Claim for Damages
Chapter 4.96 RCW

Claim Number _____

All questions regarding the status of this claim should be directed to
Clear Risk Solutions 800 407-2027

To the registered agent of THE CITY OF NEWPORT:

Please take notice that (full name) _____

Date of Birth _____ / _____ / _____

Who now resides at _____

Daytime phone # _____

Who resided at _____ at the time of injury/damage.

Claim damages from the City of Newport (in the amount of) \$ _____
rising out of the following circumstances: (Please answer the questions below)

What happened? _____

Where? (Provide as much detail as possible including street address.) _____

When? (Date and time) _____

Persons involved/witnesses. (Include name & address.) _____

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

Why is the City of Newport responsible for this injury or damage? _____

Being first duly sworn on oath, deposes and says that he/she is the above named claimant; that he/she has read the foregoing Claim
for damages, knows the contents thereof and believes the same to be true.

Signed: (Claimant or representative authorized by RCW 4.96.020) _____

Printed Name _____

City of Newport

Instructions for completion and presentation of Tort claim
RCW 4.96

1. Tort claim form must be typed or printed clearly in ink.
2. Provide all requested information and any available documents supporting your claim.
3. 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.
4. Sign by authorized party.

IMPORTANT: Any questions regarding the status of this claim should be directed to:

Newport City Hall 509 447-5611 or our risk pool at Clear Risk Solutions 800 407-2027