

CLAIM FOR DAMAGES

EHA USE ONLY
CLAIM NUMBER
DATE FILED

TYPE OR PRINT LEGIBLY
SEE INSTRUCTIONS ON BACK

CLAIMANT	NAME (FIRST – MIDDLE – LAST OR BUSINESS NAME)	DATE OF BIRTH	HOME PHONE
CURRENT HOME ADDRESS (NUMBER – STREET – CITY – STATE – ZIP)			BUSINESS PHONE
HOME ADDRESS AT THE TIME THE CLAIM AROSE (NUMBER – STREET – CITY – STATE – ZIP)			CELL PHONE
EMAIL ADDRESS			

ACCIDENT/LOSS (IF LOSS OCCURRED OVER A PERIOD OF TIME, PROVIDE DATE OF FIRST AND LAST OCCURRANCES)	DATE	TIME	DIAGRAM (Use if this will help you locate or describe what happened)
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LOCATION OF INCIDENT	BE VERY SPECIFIC: ADDRESSES, APARTMENT NUMBERS, LOCATION DESCRIPTION, ETC.	
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WHAT HAPPENED?	DESCRIBE IN YOUR OWN WORDS HOW THIS LOSS OCCURRED AND WHY YOU BELIEVE THAT EVERETT HOUSING AUTHORITY IS RESPONSIBLE (additional space on the reverse side or attach additional pages and supportive documents if needed)	
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WAS YOUR PROPERTY DAMAGED?	<input type="checkbox"/> YES, EXPLAIN BELOW	<input type="checkbox"/> NO	
AGE, MAKE, MODEL, CONDITION, VALUE OR EXTENT OF DAMAGE			

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WERE YOU INJURED?	<input type="checkbox"/> YES, EXPLAIN BELOW	<input type="checkbox"/> NO	
DESCRIBE THE CAUSE OF THE INJURY. EXPLAIN THE EXTENT OF LOSS OR MEDICAL, PHYSICAL OR MENTAL INJURIES			

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NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TREATING MEDICAL PROVIDERS. ATTACH COPIES OF ALL REPORTS AND BILLINGS	
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NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL PERSONS INVOLVED IN OR WITNESS TO THE INCIDENT	
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NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL INDIVIDUALS THAT MAY HAVE KNOWLEDGE RELATED TO THIS CLAIM REGARDING LIABILITY AND OR RESULTING DAMAGES. PLEASE INCLUDE A BRIEF DESCRIPTION AS TO THE NATURE AND EXTENT OF THE PERSONS KNOWLEDGE	
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HAS THIS INCIDENT BEEN REPORTED TO LAW ENFORCEMENT, SECURITY, PROPERTY MANAGEMENT OR ANY EVERETT HOUSING AUTHORITY PERSONNEL OR DEPARTMENT? IF SO, WHEN AND TO WHOM?	
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AMOUNT CLAIMED	\$
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SIGNATURE OF CLAIMANT (AND TITLE, IF BUSINESS) This claim form must be signed by the Claimant, verifying the claim; or pursuant to a written power of attorney, by the attorney in fact for the claimant; or by an attorney admitted to practice in Washington State on the claimant's behalf; or by a court-approved guardian or guardian ad litem on behalf of the claimant, and notarized by a licensed Notary Public.	<p style="text-align: center;">I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct</p> <p style="text-align: center;">X _____ (Claimant)</p> <p style="text-align: center;">EXECUTED this _____ day of _____, _____ at _____ County, Washington</p> <p style="text-align: center;">X _____ (Notary Public)</p>
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PRESENTATION OF A CLAIM

In order to officially report your claim, you must file an authorized **Claim for Damages** form which is attached. If you would prefer to use the ***State of Washington Standard Tort Claim*** form, please contact the Everett Housing Authority at 425-258-9222. Please type or print legibly. The authorized claim form must have an **original signature** (not a photocopy or scanned copy) and must be mailed or delivered to:

Mail to:

Mary Swenson
Interim Executive Director
Everett Housing Authority
3107 Colby Avenue
Everett, WA 98201

Deliver to:

EHA's dropbox, located on the Colby Avenue side of the building. This dropbox is checked daily.

Business Hours: Monday-Friday, 8:30 AM - 4:30 PM Closed on weekends and official holidays. The building is currently closed to the public.

To assist us in the evaluation of your claim, please provide relevant documentation in the form of receipts, cancelled checks, estimates, billings, photos, diagrams, medical information or other records along with your submission. Please note that the claim form and supporting documentation filed with the Everett Housing Authority may be considered public record under Revised Code of Washington (RCW) Chapter 42.56, of the Public Records Act. Public records are presumed subject to disclosure upon request.

EXPLANATION OF THE CLAIMS PROCESS

After a complete Claim for Damages form is submitted to the Everett Housing Authority, it is delivered to the Risk Manager. The Risk Manager will review your Claim for Damages form. An investigation may take place. During the investigation you may be asked to provide additional information to support your claim.

The Risk Manager will evaluate and recommend a resolution of your claim. This may include, but is not limited to:

1. Pay a sum of money.
2. Tender – transfer to another party or entity responsible for your alleged damages.
3. Deny – where there is no evidence of any negligence by the Everett Housing Authority

If you have any questions about filing then do not hesitate to call 425-258-9222 during normal business hours
Monday - Friday, 8:30 AM - 4:30 PM

THIS SPACE PROVIDED FOR ADDITIONAL INFORMATION

PLEASE ATTACH DOCUMENTS WHICH SUPPORT YOUR CLAIM