

**PIERCE COUNTY RURAL LIBRARY DISTRICT: CLAIM FOR DAMAGES FORM**

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the Pierce County Rural Library District. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Pursuant to the law, Tort Claim forms cannot be submitted electronically (via e-mail or fax). **PLEASE TYPE OR PRINT IN INK**

**MAIL OR DELIVER ORIGINAL SIGNED CLAIM TO:** (Business hours: Mon-Fri. 9:00 am – 5:00 pm. Closed on weekends and official holidays)

Neel Parikh, Executive Director  
Pierce County Rural Library District  
3005 112<sup>th</sup> St. E.  
Tacoma, WA 98446

**CLAIMANT INFORMATION:**

1. Name: \_\_\_\_\_  
*Last Name First Middle Date of Birth mm/dd/yyyy*

2. Current Residential Address: \_\_\_\_\_  
a. Mailing address or address at time of incident(if different): \_\_\_\_\_

3. Contact Information: Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ Email \_\_\_\_\_

**Incident Information:** (Please use additional space on the reverse side of the form or attach additional pages and supportive documents as needed.)

4. Date and Time Occurred: Date: \_\_\_\_\_ Time \_\_\_\_\_ am  pm

5. Location/Site (to include address/street name). Please be very specific: \_\_\_\_\_

6. What Happened? Describe in your own words how this loss occurred and why you believe the Library District is responsible.

7. Was Your Property Damaged (i.e. Home, Auto, or Personal Property)? Yes  No   
If Yes, please fully describe the damaged property, such as age, make model, condition, value or extent of damage.

8. Were You Injured? Yes  No  If Yes, please attach copies of medical reports and billings and answer the following:  
a. Describe Your Injury: \_\_\_\_\_  
b. Name and Contact Information of Your Doctor or Health Care Provider: \_\_\_\_\_  
c. Did you experience Wage Loss: Yes  No  If Yes: Rate of Pay: \_\_\_\_\_  
Employer Name and Address: \_\_\_\_\_

9. Witnesses or those individuals who have knowledge of the claim: Name, Addresses and Contact Information:  
1) \_\_\_\_\_  
2) \_\_\_\_\_

**CLAIM:**

10: I claim damages from the Pierce County Rural Library District in the sum of \$ \_\_\_\_\_.

11. Signature: This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by the attorney in fact for the Claimant, 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.

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: \_\_\_\_\_