

Fisherman Bay Sewer District Claim Form Instructions

(RCW 4.96.020)

1. Fisherman Bay Sewer District investigates and works to resolve claims filed by persons who allege that they have been damaged by the District. To pursue a claim against the District, you must file a claim form with the District in the manner set forth below. After the investigation, we will provide a written response to your claim.

2. Please complete the attached form in its entirety, sign it and include any supporting documentation such as pictures, receipts, etc., with this form.

3. The original claim form must be delivered or mailed (regular mail, registered mail, or certified mail, with return receipt requested; any one will suffice) to the District office:

Fisherman Bay Sewer District, PO Box 86, Lopez WA 98262 (mail) or Old Fish bay Lumber Building, 295 Village Road, #201, Lopez Island, WA 98261 (delivery)

Office Hours: Monday - Friday 9:30 a.m. – 4:00 p.m.

4. Only completed and signed paper forms will be accepted.

Forms submitted by e-mail, fax or other electronic means are not acceptable and will be rejected.

Claim Form

Claimant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Claimant Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

To Whom Reported: \_\_\_\_\_

Description of incident and conduct or circumstances that resulted in injury or damage:

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

Description of injury or damages:

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

List names of all witnesses or other persons involved, including contact information:

\_\_\_\_\_

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Statement of damages being claimed, including supporting documentation:

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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct and that all documentation submitted herewith results from the subject event.

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Signature

Date