

CHELAN COUNTY CLAIM FOR DAMAGES FORM

CLAIM NO. 2026-

DATE RECEIVED: _____

Pursuant to Chapter 4.96 RCW, this Claim for Damages form is provided solely as an accommodation to the claimant, and the County makes no representations as to its legal sufficiency. Responsibility for complying with all requirements of State law regarding claims rests with the claimant. No County employee is authorized to advise a claimant in completing this form or reviewing its sufficiency. The County expressly disclaims responsibility for any such advice or review.

Send Original Claim for Damages Form by Regular Mail, Registered Mail, or Certified Mail, Return Receipt Requested, or Deliver in Person to:

**CHELAN COUNTY AUDITOR
ELECTIONS DIVISION
350 ORONDO AVENUE, LEVEL 3, SUITE 306
WENATCHEE, WA 98801
Business Hours: Monday-Friday 9:00 a.m.-5:00 p.m.**

PLEASE TYPE OR PRINT IN INK. If more space is needed to answer any items, attach additional sheets and specify the item number.

CLAIMANT INFORMATION

- 1) Name: _____
(Print Full Name) (DOB: mm/dd/yyyy)
- 2) Current Residential Address: _____
(street, city, state, zip code)
- 3) Mailing Address (if different): _____
(street/post office box, city, state, zip code)
- 4) Residential address *on the date this incident occurred* (if different from current address):

(street, city, state, zip code)
- 5) Daytime phone numbers: _____
(Home) (Work) (Cell)
- 6) E-Mail Address: _____

INCIDENT INFORMATION

- 7) The incident for which I make claim against Chelan County occurred on the _____ day of _____, 20____ at the hour of _____ a.m. p.m.
- 8) The incident occurred at the following location:

- 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.

DATED this day of , 20

Place of Signing (residential address, city, and county)