

**CHELAN COUNTY CLAIM FOR DAMAGES FORM**

CLAIM NO. 2025-\_\_\_\_\_

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:

