



DAMAGE CLAIM

Mail or deliver claim to:
Grays Harbor PUD #1
Attn: Tracy Dugas
2720 Sumner Avenue
P.O. Box 480
Aberdeen, WA 98520

Pursuant to Chapter 4.96 RCW, this form is for filing a claim against the Public Utility District No. 1 of Grays Harbor County. Some of the information on this form is required by RCW 4.96.020 and may be subject to public disclosure. Pursuant to law, claim forms cannot be submitted electronically (via e-mail or fax). Business Hours: Mon. – Fri. 8 a.m. – 5 p.m. Closed on weekends and official state holidays

CLAIMANT INFORMATION

1. Claimant's name: _____

Last name
First
Middle
Date of birth (mm/dd/yyyy)
2. Current residential address: _____
3. Mailing address (if different): _____ E-mail Address: _____
4. Claimant's daytime telephone number: _____ / _____ / _____

Home
Cell
Business

INCIDENT INFORMATION

5. Date of Incident: _____ Time: _____ a.m. p.m. (check one)
6. If the incident occurred over a period of time, date of first and last occurrences:
 From _____, Time: _____ a.m. p.m. (check one) to _____, Time: _____ a.m. p.m. (check one)
7. Location of incident: _____
Name of Street /Milepost No. /Nearest Intersection
8. Names and contact information of all persons involved in or witness to this incident (attach additional sheets if necessary):

9. Describe the cause of the injury or damages and explain the extent of the loss. If an appliance or electronics, list manufacturer and model number (attach additional sheets if necessary):

10. I claim damages from the Public Utility District No. 1 of Grays Harbor County in the sum of \$ _____.

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

Witness Name (PLEASE PRINT)

Witness Signature

Your claim will be considered only when this form is properly completed and bonafide estimates of cost of repairs or receipted bill is attached. If property is not repairable or cost to repair is above replacement value, documentation must accompany claim form. If you have questions, please call 360-538-6503.