

STANDARD TORT CLAIM FORM

General Liability Claim Form #SF 210

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the City of College Place. Information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Claim forms cannot be submitted electronically (via e-mail or fax).

For Official Use Only

PLEASE TYPE OR PRINT IN INK

No.

Mail or deliver

original claim to: City of College Place
625 S College Ave
College Place, WA 99324

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): _____

4. Residential address for six months prior to the date of the incident (if different from current address):

5. Claimant's daytime telephone number: _____
Home *Business*

6. Claimant's e-mail address: _____

INCIDENT INFORMATION

7. Date of the incident: _____ Time: _____ a.m. p.m. (check one)
(mm/dd/yyyy)

8. 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)
(mm/dd/yyyy) *(mm/dd/yyyy)*

9. Location of incident: _____
State and county *City, if applicable* *Place where occurred*

10. If the incident occurred on a street or highway:

Name of street or highway *Milepost number* *At the intersection with or nearest intersecting street*

11. City agency or department alleged responsible for damage/injury:

12. Names, addresses and telephone numbers of all persons involved in or witness to this incident:

