



CLAIM FORM

Mail or deliver completed form and any attachments to:

Sedro-Woolley Housing Authority
Risk Management/Claims
Attn: Saeed Hajarizadeh
600 Andover Park West
Tukwila, WA 98188

Business Hours: Monday– Friday; 8:00 a.m.–4:30 p.m.
Closed: All recognized State/Federal holidays

PLEASE TYPE OR PRINT IN INK

CLAIMANT INFORMATION

1. Claimant's name: _____

*Last**First**Middle**Date of birth (mm/dd/yyyy)*
2. Current residential address: _____
3. Mailing address (if different): _____
4. Residential address at the time of the incident (if different from current address):

5. Claimant's telephone number: _____

*Home**Cell*
6. Claimant's email address: _____

INCIDENT INFORMATION

7. Date of incident: _____ Time: _____ ☐ a.m. ☐ p.m. (check one)
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)
9. Location of incident: _____
Include as much detail as possible, including address, apartment number, or location description

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

11. Names and titles of all Sedro-Wooley Housing Authority employees having knowledge of the incident:

12. Names, addresses, and telephone numbers of all individuals not already identified with additional information related to this claim and/or resulting damages. Please include a brief description of the nature and extent of each person's knowledge. Attach additional sheets if necessary.

13. Describe the relevant injury or damages. Provide details about the extent of property loss and/or bodily injuries. Attach additional sheets if necessary.

14. Names, addresses, and telephone numbers of treating medical providers or contractors providing repair estimates. Attach copies of all relevant documents (bills, estimates, etc.)

15. Has this incident been reported to law enforcement or to Sedro-Wooley Housing Authority personnel or departments? If yes, to whom and when?

16. Please attach any documents which support the claim and/or allegations made here, such as photos, police reports, estimates, etc.

17. I claim damages from the Sedro-Woolley Housing Authority in the sum of \$_____.

This Claim Form must be signed by the Claimant, by the attorney-in-fact for the claimant pursuant to a written power of attorney, by an attorney admitted to practice in Washington State, or by a court-appointed guardian or guardian *ad litem* acting on the Claimant's behalf.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature of Claimant, Attorney, or Guardian

Address, telephone number, email

Print Name

Date