

**WEST SOUND UTILITY DISTRICT
RESOLUTION NO. 785-18**

**A RESOLUTION OF THE
WEST SOUND UTILITY DISTRICT BOARD OF COMMISSIONERS
APPOINTING AGENT TO RECEIVE CLAIMS AGAINST DISTRICT
CHAPTER 4.96, RCW AND REPEALING RESOLUTION 301-11**

Preamble: Chapter 4.96 RCW requires that all claims for tortious conduct against a local governmental entity be filed with the governmental entity before a civil suit may be filed. The Chapter further requires that the Board of Commissioners of the District appoint an agent to receive any claims for damages against the entity and that the name of the agent and address where he or she may be reached during normal business hours must be recorded with the county auditor's office in the county where the District is located.

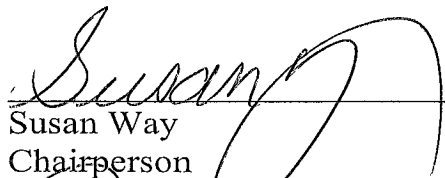
NOW, THEREFORE, in compliance with the Chapter,

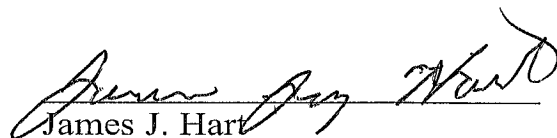
IT IS HEREBY RESOLVED that the Board of Commissioners of WEST SOUND UTILITY DISTRICT hereby appoints **GLEN R. SCREWS**, as the agent to receive any claims for damages against the District under Chapter 4.96 RCW. The named agent may be reached during the normal business hours of the District at 2924 SE Lund Avenue, Port Orchard, Washington 98366. Upon adoption, this Resolution shall be recorded with the Kitsap County Auditor.

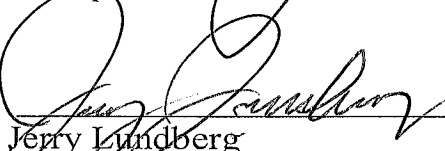
West Sound Utility District Resolution 301-11 is hereby repealed.

ADOPTED, by the Board of Commissioners of West Sound Utility District, at a regular scheduled meeting on November 19, 2018.

**WEST SOUND UTILITY DISTRICT
Kitsap County, Washington**


Susan Way
Chairperson


James J. Hart
Vice Chairperson


Jerry Lundberg
Secretary

**STANDARD TORT CLAIM FORM
WEST SOUND UTILITY DISTRICT**

Pursuant to Chapter 4.96 RCW, this Standard Tort Claim Form (herein also simply referred to as "Form") has been prepared for your use in compliance with RCW 4.96.020(2) (herein you, as the claimant, will also referred to a "you" or "claimant") in filing a tort claim involving injuries and/or damage sustained by you against WEST SOUND UTILITY DISTRICT (hereinafter also called "District"). Some of the information requested in this form is required by RCW 4.96.020 and may be subject to public disclosure. Pursuant to law, you cannot submit this Form electronically (via e-mail or fax). It must be submitted to the District's Claims Agent hereinafter identified either: personally; by first class mail; registered mail; or by certified mail, return receipt requested.

IN COMPLETING THIS FORM, PLEASE TYPE OR PRINT YOUR RESPONSES IN INK

After form has been completed,
mail or deliver the original to
the District's Claims Agent:

Glen R. Screws
Claims Agent for WEST SOUND UTILITY DISTRICT
2924 SE Lund Avenue
Port Orchard, WA 98366
Phone: (360) 876-2545

Claims Agent Business Hours: Monday – Friday, 7:30 a.m. – 4:00 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): _____

4. Residential Address at the time of incident giving rise to your claim (if different from your current address): _____

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

6. Claimant's e-mail address: _____

INCIDENT INFORMATION:

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

8. If the incident occurred over a period of time, state date of first and last occurrences:
from _____ Time: _____ a.m. ___ p.m. to _____ Time: _____ a.m. ___ p.m.
(mm/dd/yyyy) (check one) (mm/dd/yyyy) (check one)

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

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

Name of street or highway	Milepost number	Identify the intersection or nearest intersecting street(s) or street location where the incident occurred
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11. Identify the District employee(s), volunteer(s), and/or representative(s) alleged responsible for the damage and/or injury sustained by you, as known to you:

12. Identify the names, addresses, and telephone numbers of all persons involved in, or who were witnesses to this incident, as known to you:

13. Identify the names, addresses and telephone numbers of all District employees, volunteers, or representatives having knowledge of this incident, as known to you:

14. Identify the names, addresses and telephone numbers of all individuals not already identified in No. 12 and No. 13 above, that have knowledge regarding the liability issues involved in this incident, or knowledge of your resulting damages, as known to you. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

15 .Please fully describe the cause of the injury and/or damages sustained by you. In your answer, also explain and clearly describe the extent of property loss and medical, physical and/or mental injuries sustained by you. Attach additional sheets if necessary:

16. Has this incident been reported to law enforcement, safety, or security personnel? - YES ___; NO ___ (please check one). If so, when was it reported, and to whom was it reported? Please provide all contact information (name[s], address[es], and phone number[s] concerning the person(s) and/or agency(s) you reported the incident to:

17. Identify the names, addresses and telephone numbers of all medical providers who treated you as a result of the incident identified herein. Also attach hereto copies of all medical reports and billings concerning your treatment.

18. Please attach all documentation which supports your allegations against the District identified herein. Please list in the space provided the documents attached:

19. As a result of the injuries to me and/or damage to my property arising from the incident described herein, I claim total damages from WEST SOUND UTILITY DISTRICT in the sum of \$_____.

Signing of Form. 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.

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

Signature of Claimant

Print Claimant Name: _____

Date of signing: _____

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

Claimant Representative: If this Form has been signed by someone on behalf of the Claimant, please attach a copy of the document(s) authorizing such person to sign on Claimant's behalf (other than Claimant's lawyer).