



BETHEL PUBLIC SCHOOLS

# Claim for Damages

CHAPTER 4.96 RCW

TO THE REGISTERED AGENT OF BETHEL PUBLIC SCHOOLS

## **Instructions for Completion & Presentation of Tort Claim** *(Claim for Damages)*

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1. Complete the Tort Claim form maintained at Bethel Public Schools, Educational Service Center, as recorded at the Pierce County Auditor's office.

### **REGISTERED AGENT FOR BETHEL PUBLIC SCHOOLS:**

**Todd Mitchell  
Bethel Public Schools  
Educational Service Center  
516 176<sup>th</sup> Street East  
Spanaway, WA 98387**

**Business Hours:  
8:00 a.m. to 4:30 p.m.**

2. Tort Claim form must be typed or printed clearly in ink.
3. Provide all requested information and any available documents supporting your claim.
4. If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.
5. The tort claim must be signed by the authorized party and must be notarized.
6. Present properly completed and signed Tort Claim form in one of the following manners:
  - A) Personal delivery to registered agent or authorized person in the office of the registered agent during the above business hours.
  - B) Deliver by registered mail to registered agent.
  - C) Deliver by certified mail (with return receipt) to registered agent.



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Please take notice that (please print) \_\_\_\_\_  
Full Name Date of Birth

Mailing Address: \_\_\_\_\_  
Street City Zip

Daytime Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Who resided at \_\_\_\_\_ at the time of injury/damage.

Claim damages from Bethel Public Schools in the amount of \$ \_\_\_\_\_ arising out of the following circumstances.  
(Please answer the questions below.)

What happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where? (Provide as much detail as possible including street address.) \_\_\_\_\_  
\_\_\_\_\_

When? Date: \_\_\_\_\_ Time: \_\_\_\_\_

Person(s) Involved / Witness(es):

Name	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accurately describe injury sustained or items of damage claimed. Itemize all expenses and losses.  
(Attach extra page if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why is Bethel Public Schools responsible for this injury or damage?

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Signed:

<hr/> <i>Claimant or Representative Signature</i>	<hr/> <i>Please Print Name</i>
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Authorized by RCW 4.96.020

Being first duly sworn on oath, deposes and says that \_he is the above named claimant; that \_he has read the foregoing Claim for Damages, knows the contents thereof and believes the same to be true.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_ Printed: \_\_\_\_\_

*Notary Public in and for the State of Washington*

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_