

LINCOLN COUNTY CLAIM FORM

CLAIMANT: THIS CLAIM MUST BE FILED WITH THE:

LINCOLN COUNTY AUDITOR
LINCOLN COUNTY COURTHOUSE
450 LOGAN/P O BOX 28
DAVENPORT WA 99122

FOR OFFICIAL USE ONLY:

CLAIM NO _____

DATE FILED _____

COPIES TO: _____

ATTACHMENTS: YES(# __) NO

NO DAMAGES CAN BE PAID BY LINCOLN COUNTY UNLESS THIS FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.

1. NAME: (Please Print) _____

Address

City

State

Zip

2. HOME PHONE: _____ WORK PHONE: _____ MESSAGE PHONE: _____

3. I CLAIM DAMAGES FROM LINCOLN COUNTY IN THE SUM OF \$ _____ ARISING OUT OF THE FOLLOWING CIRCUMSTANCES:

DATE OF LOSS: _____ TIME OF LOSS: _____ A.M./P.M.

PLACE OF LOSS: _____

DESCRIBE CLAIM: (Give full details and describe defects causing injury or damage. Attach second page if necessary.)

4. PLEASE LIST NAME AND ADDRESS OF ANY AND ALL WITNESSES: (Please Print)

5. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE INFORMATION CONTAINED IN THIS CLAIM IS TRUE AND CORRECT.

DATED THIS _____ DAY OF _____, _____

Claimant's Signature