



Note: Type or print legibly

CLAIMANT: _____

Last name First Middle Date of birth (mm/dd/yy)

* Current residential address: _____

* Mailing address (if applicable) _____

* Residential address at the time of the incident:
(if different from current address) _____

* Claimant's daytime telephone number: _____
Business/Cell Home

* Claimant's email address: _____

DATE OF OCCURRENCE: _____

LOCATION OF OCCURRENCE (be as specific as possible: streets, addresses, etc.)

DESCRIPTION:

* Describe in your own words how this injury/loss occurred and why you believe EPFD is responsible.

(Attach additional pages with additional information as needed)

* Provide a list of witnesses, if applicable, to the occurrence including names, addresses and phone numbers.

* Were you injured? Yes No If yes, describe your injury and identify your doctors.

* Attach copies of all documentation relating to expenses, injuries, losses and/or estimates for repair.

* Have you submitted a claim for damages to your insurance company? Yes No
If yes, please provide the name of the insurance company and the policy number:

* Amount of damages, if known, claimed against EPFD arising out of the circumstances listed above: \$ _____

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

Executed this _____ day of _____, 20__.

County of _____

Signature of Claimant (s)

Signature of Claimant (s)