



**CLAIM FORM**

*Mail or deliver completed form and any attachments to:*

**King County Housing Authority  
Risk Management/Claims  
Attn: Joel Tobin  
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: \_\_\_\_\_  
*Mobile Home*

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:

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11. Names and titles of all King County Housing Authority employees having knowledge of the incident:

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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.

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

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

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

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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 King County Housing Authority in the amount 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*