

FILED FOR RECORD
SKAMANIA CO. WASH
JAMES KOSKI

SEP 8 2 20 PM '86

d. Lewis, Dep.
AUDITOR
GARY M. OLSON

FORM OF CLAIM FOR DAMAGES

TO THE BOARD OF COUNTY COMMISSIONERS of Skamania County, Washington:

PLEASE TAKE NOTICE that in accordance with Chapter 36.45 of the Revised Code of Washington, I James Koski hereby present you with my claim for damages against the County of Skamania, State of Washington, with the information required to be given by RCW 36.45.020 as follows:

1. That the injury for which I claim damages against the County of Skamania, State of Washington, occurred on or about the 8-11-86 day of August, 1986.

2. That the place of injury was Steverson, Wn.

3. That the location and description of the defect which caused the injury are Impounded my car

4. That the injury is described as follows: 306.00 Storage and towing charge

5. That the amount of damages claimed is as follows: 306.00

6. That the actual residence of the claimant at the time of presenting and filing this claim is Carson

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was Carson, Wn.

James Koski 108744 Carson Ave.
CLAIMANT
DATED: September 8, 1986.

(Claimant)

NOTE: Personal Property (Car, etc.) damages are to be accompanied by estimated repair costs. Additional information required by No.s 2-4 of this form may be attached on the back of this Claim for Damages.

Registered	S
Indexed	S
Indirect	S
Filed	
Mailed	

BAKER'S TOWING
P. O. Box 712
White Salmon, WA 98672
(509) 493-2880

INVOICE NO.
5685

SOLD TO JAMES KOSKI			SHIPPED TO 74 DATSUN 260		
STREET & NO. 5516 MT SOLO RD 36			STREET & NO. LEM 456		
CITY LONGVIEW WA	STATE WA	ZIP 98632	CITY	STATE	ZIP

INVOICE

CUSTOMER'S ORDER	SALESMAN	TERMS	F.O.B.	DATE
	DOB	UNPAID		8-11-86
TOWING 1 Hr. 45 min				70.00
STORAGE @ 8.00 PER DAY 27 days				216.00
STEVENSON TO W. SALMON.				
				286.00
				20.02
	James Koski		TOTAL	306.02
PAID IN FULL 9-8-86				
CASH 306.02				

7H 722