FILED FOR REGORD
SKAHAMIA CO. WASH
BY Skamania Counts
JAN 8 4 39 PH '97

OXOURY
AUDITOR
GARY H. OLSON

127084

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 Robert J. Stanfell

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:

- - 2. That the place of injury was 191 Leek Ad
 04-07-15-0-0-0400-00
- 3. That the location and description of the defect which caused the injury are Destroyed mailhox including large rolls, 2 4x4 bours, I wrought iron with figure cased by some placed into mulbux, Past history of same. New malboxs supports this year as per country specs. Also caused rine in Novaka 96 & every year before!
- 4. That the injury is described as follows: Meilbox colleged, wreythirm with figure bent
- 5. That the amount of damages claimed is as follows:
- 6. That the actual residence of the claimant at the time of presenting and filing this claim is 191 Leafe Rd, Censon, with 198610

DATED: ______, 19 97.

RMy that

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.

Indexed, Dir Indirect

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25.79.

Gary M. Olson County Auditor

Skamania County
OFFICE OF AUDITOR
P. O. Box 790
Stevenson, Washington 98648-0790

Area Code 509 Phone: 427-9420 Fax: 427-4165

Lights

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SKAMANIA CO. WASH
BY SKAMANIA COUNTY
JAN 8 4 39 PH '97

GXOU'VY
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FORM OF CLAIM FOR DAMAGES

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hereby present you with my claim for damages against the County of Skamania, Sta	ite
of Washington, with the information required to be given by RCW 36.45.020 as follows:	

1.	That the injury	for which I	claim	damag	es again	st the	County	of	Skamania,	State
of Was	hington, occurred	on or about	the	armed x	Mas or ACH	years		iay -	of	1
19 <u>96</u>			Г.	馮	. ٦	. "				

2. That the place of injury was	191 Leete Ad	<u> </u>	 4
04-07-15-0-0-0	400 -00	k. T	- %

3. That the location and description of the defect which caused the injury are Destroyed mailbox including large really, 2 4x4 boards, I wrought into will figure cased by snow placed into mulbur, Post history it same. New realboxes supply this year as fee country specs. Also carried nine in Navanta 96 & every year before!

4.	That the	injury is	described	as follows:	Mailbex	Collegsed,	wronghtis	in with Figur	e bent
<u>ي</u>	4×4 100	ted hate	br.Ken				1	1	
;	-	700							

- 5. That the amount of damages claimed is as follows:
- 6. That the actual residence of the claimant at the time of presenting and filing this claim is 191 Leafe Ad, Corson, wh. 98610

	 •
DATED:	
	· · · · · · · · · · · · · · · · · · ·

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.

Supremee Radexed, Dir Indirect

:14

