

129404

FILED FOR RECORD
SKAMANIA CO. WASH
BY Skamania County

OCT 3 3 04 PM '97

Olson
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 RICHARD HOLLAND

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 12th day of August 19 97.

2. That the place of injury was Skye Rd AND Bear Prairie

3. That the location and description of the defect which caused the injury are
Windshield
2 chips

4. That the injury is described as follows: 1 chip is cracked, and is starting to form 3 cracks, the other chip is a big hole

5. That the amount of damages claimed is as follows: \$368.56
Three Hundred Sixty Eight And 56/100

6. That the actual residence of the claimant at the time of presenting and filing this claim is P.O. Box 691 212 Harder Rd
Nashua, WA 98671

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was P.O. Box 691 212 Harder Rd
Nashua, WA 98671

DATED: October 12th, 19 97

Richard Holland
(Claimant)

NOTE: Personal Property (Car, etc.) damages are to be accompanied by estimated repair costs. Additional information required by Nos 2-4 of this form may be attached on the back of this Claim for Damages.

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N 2494

Date 9 29 97

Name Rich Holland Make Chev Model Pickup
Address 772 SE Russell St. Year 56 VIN# _____
City Camas State WA Zip 98607 License # A34268B

[illegible]

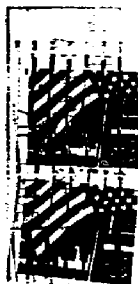
Insurance Information

Company ABC Insurance Agent _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Policy # _____ Deductable ☒ _____
Cause of Loss _____ Date of Loss _____

Said replacement has been made to my satisfaction. I realize that any balance that is unpaid is my responsibility to be paid within 30 days of notification. Balances that are unpaid after 30 days are subject to 1 1/2% per month interest, court cost, and attorney fees.

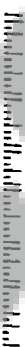
Date _____ Signature _____

Rich Holland
% Debra Robertson
772 S.E. Russell St.
Camas, WA 98607



Gary M. Olson
Skamania County Auditor
P.O. Box 7900
Stevenson, WA 98648-6790

98648/6790



Mailing address has changed to;

Rich Holland
% Debra Robertson
772 S.E. Russell St.
Camas, WA. 98607

Residence is still;

212 Harder Rd.
Washougal, WA
98671