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DEC - 6 2004

SKAMANIA COUNTY
AUDITOR

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

CLAIMANT: THIS CLAIM MUST BE FILED WITH THE

SKAMANIA COUNTY CLERK OF THE BOARD
Skamania County Auditor's Office
Skamania County Courthouse
240 North West Vancouver Avenue, Room 27
Stevenson, WA 98648

FOR OFFICE USE ONLY:

CLAIM NO. _____

DATE FILED: _____

COPIES TO: _____

NO DAMAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS
FORM IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.

ATTACHMENTS: YES(#) NO

1. Name (including spouse if married): (Please Print)
Winnie J. Alway
2. 72 Old Detour Rd Carson WA 98610
Address City State Zip
3. HM Phone: 425 5086 WK Phone: 425-9466 MSSG Phone: NA
4. Date and time of incident: Have will show as needed
5. Location of incident:
72 Old Detour Rd Carson
Louis Alway & Joanne
6. Describe in narrative form and in detail exactly how the incident occurred:
I have lived on this piece of
property for around 20 years.
Nothing but heartache & headaches
for at least 5 years will explain is
needed
7. What is the amount of damages claimed arising out of the following circumstances
(Include estimates and bills, if available): up to judge

8. Please list name and address of any and all witnesses or persons involved:
(Please Print)

Skam Co Commissioner's
Court house personal
River View Bank

9. Describe the damages or injuries you sustained as a result of the incident: _____

Have all on records

10. Was incident investigated by a police officer? Sheriff _____ State Patrol _____
City Stevenson

11. If a vehicle was involved in the incident, describe: Make _____
Model _____ Year _____ State _____ License No. _____
Insurance Company _____ Policy Number _____

12. Describe what you did after the incident occurred: tried to
resolve on it's times

13. Describe the conversations you had, if any, with County personnel during or after
the incident occurred. Have all on records
will show if needed

14. How did you identify the County as the party responsible for your damage?
because they know but haven't
been very helpful in the matter.

I certify under penalty of perjury under the laws of the State of Washington that the
information contained in this claim is true and correct.

DATED THIS 6 DAY OF Dec., 2004

Winnie Hallway
Claimant's Signature

File Name: Commiss/Risk Mang/Claims/Claim For Damages

NOTE: Personal property (car, etc.) damages are to be accompanied by 2 estimates for repair costs. The Skamania County Risk Manager will investigate this claim. The decision to honor this claim will be based upon that investigation. Making a false report or providing false evidence is a crime and punishable by fine and/or imprisonment. Additional pages may be attached if needed to answer the questions.