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DEC 17 2004

SKAMANIA COUNTY  
AUDITOR

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

<b>CLAIMANT:</b> THIS CLAIM MUST BE FILED WITH THE	<b>FOR OFFICE USE ONLY:</b>
SKAMANIA COUNTY CLERK OF THE BOARD Skamania County Auditor's Office Skamania County Courthouse 240 North West Vancouver Avenue, Room 27 Stevenson, WA 98648	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

- Name (including spouse if married): (Please Print)  
Winniet Alway
- 72 Old Detour Rd. Carson WA 98610  
Address City State Zip
- HM Phone: 5086 WK Phone: 9466 MSSG Phone: NA
- Date and time of incident: Dec 14, 2004 mailed Dec 15, 2004 Received
- Location of incident:  
Stevenson Courthouse  
Marilyn Butler comm office
- Describe in narrative form and in detail exactly how the incident occurred:  
received it in the mail  
I am appealing this decision.
- What is the amount of damages claimed arising out of the following circumstances (Include estimates and bills, if available): up to a later date.

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

to many to list

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

I will show in court.

10. Was incident investigated by a police officer? Sheriff \_\_\_\_\_ State Patrol \_\_\_\_\_  
City \_\_\_\_\_

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: I filed with  
Skam. Co. 15, 16, 17, 18, 19, on 12-24-  
2004

13. Describe the conversations you had, if any, with County personnel during or after  
the incident occurred. didn't give me a chance  
to explain anything.

14. How did you identify the County as the party responsible for your damage?  
this is where I have lived my  
whole life.

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 17 DAY OF Dec., 2004

Winnie J. Alway  
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.