AFN #2009173469 Recorded 07/28/09 at 08:42 AM DocType: CLDM Filed by: EMBARQ

Page: 1 of 3 Auditor J. Michael Garvison Skamania County, WA

CMR # 830099

SKAMANIA COUNTY CLAIM FOR DAMAGE FORM

	SKAMANIA COUNTY AUDITOR'S OFFICE Skamania County Courthouse P.O. Box 790 240 NW Vancouver Avenue, Room 27 Stevenson, WA 98648 MAGES CAN BE PAID BY SKAMANIA COUNTY UNLESS THIS IS COMPLETE. THIS PROVISION CANNOT BE WAIVED.	FOR OFFICE USE ONLY: CLAIM NO DATE FILED: COPIES TO: ATTACHMENTS: YES(#) NO
1.	Name (including spouse if married): (Please Print)	1
2.	Address City	N 73 10 6 State Zip
3.	HM Phone: N/A WK Phone: 100-331-4151 M	ISSG Phone: NIA
4.5.	Date and time of incident: 6-29-09 TIM Location of incident: NAIL AND HIGHBRIDGE ROADS ;	
6.	Describe in narrative form and in detail exactly how the inci SKADANIA COUNTY PUBLIC WORK CUT AN EMBARQ 35 PAIR LAW WORKING	
7.	What is the amount of damages claimed arising out of the formula (Include estimates and bills, if available): UNDETERM	

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8.	Please list name and address of any and all witnesses or persons involved: (Please Print)
9.	Describe the damages or injuries you sustained as a result of the incident: AN EMBARD 25 PAIR CABLE WAS CUT
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: N/A
13.	Describe the conversations you had, if any, with County personnel during or after the incident occurred.
14.	How did you identify the County as the party responsible for your damage? UNYNOWN
	tify under penalty of perjury under the laws of the State of Washington that the information ained in this claim is true and correct.
DAT	TED THIS BENDAY OF JULY, 2009
	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.

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615 N Classen Blvd. Oklahoma City OK 73106 (800)421-2153 (405)606-8200 fax 290-2015 www.cmrclaims.com



*****NOTICE OF CLAIM****

Date: 07-14-2009

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

To:

SKAMANIA COUNTY COUNTY CLERK P O BOX 790 STEVENSON, WA 98648

CERTIFIED MAIL# 91 7108 2133 3935 8315 5292

RE:

Damage to Embarq Property

Embarg Claim Num:

1044069

Damage/Discovery Date:

06-29-2009

Damage Location:

NAIL AND HIGHBRIDGE ROADS, CARSON, WA

Damage County:

Damage Amount:

UNDETERMINED

Dear Sir/Madam:

Please be advised that Embarq Facilities sustained damage as a result of the negligent acts or omissions by employees or agents of SKAMANIA COUNTY.

Investigation has revealed that on or about 06-29-2009 employees or agents of SKAMANIA COUNTY, SKAMANIA COUNTY PUBLIC WORKS DEPARTMENT CUT AN EMBARQ 25 PAIR CABLE WHILE WORKING in the area of NAIL AND HIGHBRIDGE ROADS, CARSON, WA.

This letter is the written presentment of Embarq's claim pursuant to Washington Statute (RCW 4.96.020(2)).

REQUEST FOR GOVERNMENTAL NOTICE FORM

If your Governmental Entity requires the completion of its own form to complete proper notice, please forward a copy to the address listed above. Every good faith effort has been made to identify the proper office and address to perfect our notice. Please forward to your attorney, if misdirected, to contact us. Matters herein stated are alleged on information and belief this pleader believes to be true. If there is insurance to cover this matter, kindly advise as to the name of the insurance company, its address and the claim number assigned. If you have any questions, or need additional information, please contact me at 1-800-321-4158 extining the ELE GIVING AREA.

Sincerely, Wendy Cherry

MURNEY

NOTARY

Commission Expires

#06011463

EXP. 11/28/10

V NO

CMR Claims DEPT