



**KENNEWICK IRRIGATION DISTRICT  
Claim for Damages**

Chapter 4.96 RCW

**To the registered agent of the Kennewick Irrigation District**

Claimant Name: (full name) \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Who resided at \_\_\_\_\_ at the time of injury / damage.

Claim damages from Entity (in the amount of) \$\_\_\_\_\_ arising out of the following circumstances:

**What happened:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Where, provide as much detail as possible including street address:**

\_\_\_\_\_  
\_\_\_\_\_

**When, date and time:**

\_\_\_\_\_

**Persons involved/witnesses (Include name & address):**

\_\_\_\_\_  
\_\_\_\_\_

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**Accurately describe injury sustained or items damaged. Itemize all expenses and losses. (Attach extra page if necessary)**

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**Why is Entity responsible for this injury or damage?**

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***This form needs to be notarized. please do not sign below without a notary witness.***

**Signed:**

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(Claimant or authorized representative by RCW 4.96.020)

Being first duly sworn on oath, deposes and says that he/she is the above named claimant; that he/she has read the foregoing Claim for Damages, knows the contents thereof and believes the same to be true.

Subscribed and sworn to before me this day of: \_\_\_\_\_

Signature:

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Printed:

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Notary Public in and for the State of Washington

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Entity Name: KENNEWICK IRRIGATION DISTRICT

Instructions for completion and presentation of Tort claim RCW 4.96

1. Complete the Tort claim form maintained at the office of the registered agent as recorded at office County Auditor.

**KID registered agent:** Dana M. Hernandez  
**Office location:** 2015 South Ely Street Kennewick WA 99337  
**Business hours:** M – Th 8:00a.m. to 5:30 p.m. – November – March  
M – F 8:00 a.m. to 5:00 p.m. – April - October

2. Tort claim form must be typed or printed clearly in ink.
3. Provide all requested information and any available documents or photos supporting your claim.
4. If the requested information cannot be supplied in the space provided, please use additional blank sheets so your claim can be easily read and understood.
5. Sign by authorized party and have notarized.
6. Present properly completed and signed Tort claim form in one of the following manners:
  - A) Personal delivery to registered agent or authorized person in the office of the registered agent listed above, during above business hours.
  - B) Deliver by registered mail to registered agent.
  - C) Deliver by certified mail (with return receipt) to registered agent.