

# Chelan Douglas Regional Port Authority - Claim For Damages

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

1. Description of incident: \_\_\_\_\_

2. Description of injuries or property damage: \_\_\_\_\_

3. List of witnesses, and all persons involved in the injury or damage:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

4. Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.

5. Have you submitted a claim for damages to your insurance company: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the name of your insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

X \_\_\_\_\_

Signature

\_\_\_\_\_

Date

Return this form with documentation attached to: Chelan Douglas Regional Port Authority  
Attn: Director of Finance & Administration  
One Campbell Parkway Suite A, East Wenatchee, Washington 98802.