

ORDINANCE NUMBER 2-2014

AN ORDINANCE RELATED TO THE FILING OF A CLAIM FOR DAMAGES AND DESIGNATION OF THE COUNTY INDIVIDUAL TO RECEIVE CLAIMS SERVED UPON FRANKLIN COUNTY.

WHEREAS, EHB 1553 amending RCW 4.96.020, 4.92.100, and 4.92.110 was effective as of July 26, 2009;

WHEREAS, EHB 1553 amended the requirements in the language of the tort claim form against either the state or a local government, and the presentment of the tort claim; it is

THEREFORE, ORDAINED that, a completed and notarized Franklin County Claim For Damages Form is to be served upon Franklin County by presenting it upon the Clerk to the Board of County Commissioners, Franklin County Courthouse, 1016 North Fourth Avenue, Pasco, Washington or Administrative Assistant to the County Administrator, Franklin County Courthouse, 1016 North Fourth Avenue, Pasco, Washington during normal business hours as set forth on said Franklin County Claim For Damages Form (Appendix A); and

BE IT FURTHER ORDAINED, that the Franklin County Claim for Damages Form, Appendix A, be posted on the County web-site.

BE IT FURTHER ORDAINED, that Ordinance 15-2001 passed on July 2, 2001 and all amendments thereto are hereby repealed and superseded by this ordinance.

BE IT FURTHER ORDAINED that a copy of this ordinance shall be recorded with the County Auditor.

PASSED this 25 day of June, 2014.

BOARD OF COUNTY COMMISSIONERS
FRANKLIN COUNTY, WASHINGTON

APPROVED

Robert E. Koch, Chair


Brad Peck, Chair Pro Tem


Rick Miller, Member

ATTEST:


Clerk to the Board

APPROVED AS TO FORM:

By: 
Timothy E. Dickerson
Deputy Prosecuting Attorney

11. The amount of damages sustained are itemized. (A billing or two (2) estimates of the cost of repairs must be attached to this claim, together with the name of your insurance agency.):

\$ _____

DATED this _____ day of _____, 20____.

Claimant or Attorney for Claimant Signature

Telephone Number: _____

Cell Phone Number: _____

SUBSCRIBED and **SWORN** to before me this _____ day of _____, 20____.

Notary Public

Residing at: _____

Appointment Expires: _____