

COUNTY COUNCIL



OFFICE OF THE COUNTY CLERK

Telephone (808) 241-4188
Fax (808) 241-6349

Council Services Division
4396 Rice Street, Suite 209
Līhu‘e, Kaua‘i, Hawai‘i 96766

NOTICE OF CLAIM AGAINST THE COUNTY OF KAUA‘I

Upon completion, please mail or hand-deliver the original, signed, and notarized form to:

Office of the County Clerk
County of Kaua‘i
4396 Rice Street, Suite 209
Līhu‘e, Hawai‘i 96766

Please note that this Notice of Claim form must be notarized and the original Notice of Claim form and supporting documentation must be mailed or hand-delivered for this claim to be processed.

The undersigned hereby submits a claim against the County of Kaua‘i. The pertinent information is as follows:

Claimant information:

Name _____

Mailing Address _____

Home phone _____

Business phone _____

Information regarding incident:

1) Date of incident _____

2) Time of incident _____

3) Place of incident _____

6) **Amount of claim:** _____

Please list any documents which verify the amount of damages (for example, receipts, estimates, invoices, medical bills). Please **attach** these documents to this form.

a) _____

b) _____

c) _____

d) _____

e) _____

7) **Photographs:** If you have photographs showing the damages, loss, or injury, please attach those photographs.

8) **Witnesses:** If there were any witnesses or any other person who has personal knowledge of the incident, please identify them. Please provide their names, addresses, and phone numbers.

a) _____

b) _____

c) _____

d) _____

9) **Police report:**

a) Did you file a police report? _____

b) When did you file it? (date and time) _____

10) **Report to other county official:**

a) Did you report this incident to any other County official or employee? _____

b) If so, to whom did you report it and when? _____

11) **Damages to automobile:** If you are claiming for damages to an automobile, please answer the following:

a) Vehicle information: _____

Make, model, and year: _____

License plate number: _____

b) Who is the registered owner of the vehicle?

Please **attach** a copy of your latest automobile registration.

c) Who is the legal owner of the vehicle? _____

d) Name of driver: _____

e) Names of passengers: _____

f) Name of automobile insurance carrier:

Have you filed a claim with your insurance carrier? _____

Did you receive compensation from your insurance carrier? _____

If so, what amount did you receive? _____

g) **Estimates:** Please attach two estimates for repair of the damages to your vehicle.

12) **Certification:** I hereby state that all of the above information and related attachments are true and correct.

DATED: _____

Claimant

STATE OF HAWAI'I)
) ss.
COUNTY OF KAUA'I)

On this _____ day of _____, in the Fifth Circuit of the State of Hawai'i, before me personally appeared _____, to me known to be the person described in and who executed this -page Notice of Claim Against the County of Kaua'i dated____, and acknowledged that he/she executed the same as his/her free act and deed.

Notary Public, State of Hawai'i

My commission expires: