

CITY OF EDMONDS CLAIM FOR DAMAGES FORM

Date Claim Form Received by City _____
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Please take note that Theresa and Charles Hollis, who currently resides at _____
8715 Madrona Lane, Edmonds, Wa 98026, mailing address (same)
 _____, home phone # 206-218-9736, work phone # _____, and who resided at (same)
 _____ at the time of the occurrence and whose date of birth is _____, is claiming damages
 against City of Edmonds in the sum of \$ \$140.99 plus interest arising out of the following circumstances listed below.

DATE OF OCCURRENCE: Feb 2014 invoice date to current day **TIME:** _____
LOCATION OF OCCURRENCE: (same address)

DESCRIPTION:

1. Describe the conduct and circumstance that brought about the injury or damage. Also describe the injury or damage.
For the same month of service, the rate we pay for the storm water utility is higher than the rate charged others in the residential class in violation of RCW 35.67.020 (2). This occurs every year for 6 months of service for approximately 3000 residences that are billed on a semi-annual basis. See attached rate comparison for my address (semi-annual) and another address (bi-monthly). The complete schedule of over-billing since this practice began with 2013 service is also attached. I am requesting the cumulative over-billing plus interest be credited to my account. The non-compliance with RCW is known and is intentional per the current chair of the City Council's Finance Committee.
 _____ (attach an extra sheet for additional information, if needed)

2. Provide a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers.
The whistle blower that identified this violation of State of Washington law is Ms. Jean Holtrop, 22609 93rd Pl W, Edmonds 98020. 425-778-6645. Over many years she talked to 2 City Council persons and one former City Finance Director and asked for billing practices that charge every customer the same rate for the storm water utility. Because the Finance department and City attorney denied that request, I am using the tort claim process. Will continue to file claims every year until the City follows the RCW.

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

4. Have you submitted a claim for damages to your insurance company? Yes No

If so, please provide the name of the insurance company: _____
 and the policy #: _____

** ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY **			
License Plate # _____		Driver License # _____	
Type Auto: _____			
(year)	(make)	(model)	
DRIVER:	_____	OWNER:	_____
Address:	_____	Address:	_____
Phone#:	_____	Phone#:	_____
Passengers:			
Name:	_____	Name:	_____
Address:	_____	Address:	_____

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by the attorney in fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Theresa Hollis
Chris R. Hollis

Signature of Claimant

4-1-26

8715 Madonna Lane, Edmonds Wa 98026

Date and place (residential address, city and county)

Or

Signature of Representative

Date and place (residential address, city and county)

Print Name of Representative

Bar Number (if applicable)

Please present the completed claim form to: City Clerk's Office
City of Edmonds
121 5th Avenue North
Edmonds, WA, 98020
8:30 a.m. to 4:30 p.m.

Or send via e-mail to clerk@edmondswa.gov.
Please include any copies of related documentation (per Question 3).

Per invoices Overcharge

<u>Billing</u> <u>date</u>	<u>2nd 1/2</u> <u>For</u>	<u>@</u>
2/5/14	2013	3.36
2/5/15	2014	3.50
2/5/16	2015	3.66
2/1/17	2016	8.52
2/1/18	2017	9.37
2/1/19	2018	10.30
2/5/20	2019	10.75
2/5/21	2020	11.82
2/4/22	2021	12.90
2/3/23	2022	5.94
2/5/24	2023	13.17
2/5/25	2024	14.25
2/5/26	2025	* 33.45
		\$ 140.99