

CLALLAM COUNTY DISTRICT COURT II
APPLICATION FOR SMALL CLAIMS SUIT

YOUR NAME: _____

Your address: _____ **Phone:** _____

Name of Person(s) who owes you: _____

Their address: _____
_____ **Phone:** _____

Amount owed to You: _____ **Date Amount Due:** _____

What is the money owed to you for? _____

If you are having the notice served, please give a physical location of the persons residence.

