

COUNTY OF TEHAMA — CLAIM FOR DAMAGES

This claim must be filed with the Clerk of the Board of Supervisors within six (6) months after the accident or event. Where space is insufficient, please use additional paper and identify information by paragraph number. When claim is complete, mail to:

Clerk of the Board of Supervisors
COUNTY OF TEHAMA
633 Washington Street, P.O. Box 250
Red Bluff, CA 96080

CLAIMANT

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE/I.D. #: _____

TO THE BOARD OF SUPERVISORS OF THE COUNTY OF TEHAMA:

The undersigned respectfully submits the following claim and information:

1. Post Office address to which claimant desires notices to be sent, if other than above:

2. Date, place, and time of occurrence or transaction which gives rise to this claim:

DATE: _____ TIME: _____

PLACE: _____

3. Specify the particular act or omission and circumstances you believe caused injury, loss and/or damage:

4. Name or names of any employee of the County you believe caused the injury, damage or loss; if known:

5. Description of property damaged. If there was no property damage, state "NONE".

6. Owner of property damaged: _____
Location of property damaged: _____

7. Description of personal injury. If there was no personal injury, state "NONE":

8. Name of any other person injured: _____

9. Name and addresses of witnesses, doctors, hospitals, etc:
NAME ADDRESS TELEPHONE #
(1) _____
(2) _____
(3) _____

10. The amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed. If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, indicate whether the claim would be a limited civil case. _____

11. If your claim involves a motor vehicle, please provide:
INSURANCE CARRIER ADDRESS TELEPHONE # POLICY NO.

REGISTERED OWNER OF VEHICLE: _____

12. Any additional information that might be helpful in considering claim:

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM!
(Penal Code § 72: Insurance Code § 556)

I have read the matters and statements made in the above claim and I know the same to be of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

Dated: _____ Signed: _____
(CLAIMANT or AGENT FOR CLAIMANT)