

COUNTY OF TRINITY

CLAIM FOR DAMAGES

This claim must be filed with 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.

Please include photographs if applicable.

When claim is complete, mail to:

TRINITY COUNTY BOARD OF SUPERVISORS OFFICE

ATTN: CLERK OF THE BOARD

Courthouse

P.O. Box 1613

Weaverville, CA 96093

*Note: Facsimile or electronic submissions will **NOT** be accepted!*

CLAIMANT:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE # _____

The undersigned respectfully submits the following claim and information:

1. Address to which claimant desires notice(s) 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** circumstance you believe caused injury and/or damage:

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

- 5. Description of property damaged:

- 6. Owner of property damaged: _____
- 7. Location of property damaged: _____
- 8. Description of personal injury (if there was no personal injury state "NONE"):

- 9. Name of any other person injured: _____
 Address of injured person: _____

- 10. Name and addresses of witnesses, doctors, hospitals, etc.:

	<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
(1)	_____		
(2)	_____		
(3)	_____		

- 11. Amount of reimbursement claimed as damages with computation and supporting bills, receipts, or estimates of cost:
(Please attach supporting documents to this form)

- 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 true 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 forgoing is true and correct.

SIGNED THIS _____ DAY OF _____ 20 _____ TIME _____

 CLAIMANT'S SIGNATURE