

COUNTY OF LASSEN - 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:

Lassen County Clerk of the Board
220 S Lassen St, Ste 5
Susanville, CA 96130

COUNTY BOARD OF SUPERVISORS

Courthouse
Susanville, California

CLAIMANT

NAME:
ADDRESS:
TELEPHONE:
DATE OF BIRTH:
DRIVER'S LICENSE/I.D. #:

SUPERVISORS:

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 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:

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. Amount of reimbursement claimed as damages with computation and supporting bills, receipts or estimates of cost (please attach papers to claim):

11. If your claim involves a motor vehicle, please provide:

| INSURANCE CARRIER | ADDRESS | PHONE NO. | 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.

SIGNED THIS _____ DAY OF _____, 2_____, AT _____

RETURN CLAIM TO:
Lassen County Clerk of the Board
220 S Lassen St, Ste 5
Susanville, CA 96130

CLAIMANT'S SIGNATURE