

**CLAIM FOR DAMAGES AGAINST
PUBLIC ENTITY
[Government Code § 910 and § 910.2]**

1. NAME OF CLAIMANT: _____

2. POST OFFICE ADDRESS: _____

3. POST OFFICE ADDRESS TO WHICH PERSON PRESENTING THE CLAIM DESIRES NOTICES TO BE SENT: _____

4. DATE OF INJURY, DAMAGE, LOSS OR OBLIGATION: _____

5. LOCATION WHERE THE INJURY, DAMAGE, LOSS OR OBLIGATION OCCURRED:

6. THE GENERAL DESCRIPTION OF THE INJURY, DAMAGE, LOSS OR OBLIGATION: _____

(Attach Additional Pages, If necessary)

7. NAME(S) OF PUBLIC EMPLOYEE(S) WHO CAUSED INJURY, DAMAGE OR LOSS: _____

8. DESCRIPTION OF THE ACTIONS OR CONDUCT OF EMPLOYEE(S) WHO CAUSED THE INJURY, DAMAGE OR LOSS:

(Attach Additional Pages, If necessary)

9. NAMES/ADDRESSES/TELEPHONE NUMBERS OF ANY WITNESSES:

10. TOTAL AMOUNT CLAIM: \$ _____

District Form No. _____

