

CLAIM AGAINST THE COUNTY OF SANTA CRUZ

(Pursuant to Section 910 et Seq., Govt. Code)

TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ

ATTN: Clerk of the Board
Governmental Center
701 Ocean Street, Santa Cruz, CA 95060

1. Claimant's Name:

Address:

Phone No:

P.O. Box to which notices are to be sent:

2. Occurrence:

Date:

Place:

3. Circumstances of occurrence or transaction giving rise to claim:

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:

5. Name(s) of public employee(s) causing injury, damage or loss, if known:

6. Amount claimed now\$

Estimated amount of future loss, if known\$

TOTAL\$

7. Basis for above computations:

8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:

Municipal Court

Superior Court

CLAIMANT'S SIGNATURE

Note: Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasioned the injury.

Note: Any information provided on or attached to this claim may be a public record and may subject to disclosure under the Public Records Act, Government Code Section 6254 *et seq*