Claim number:

CLAIM AGAINST COUNTY OF PLACER

❑ **Attach additional pages if necessary**

CLAIMANT NAME: _____
Last First MI

ADDRESS: _____
Street City State Zip

IF ADDRESS FOR RECEIVING NOTICES IS DIFFERENT THAN STATED ABOVE, PLEASE INDICATE HERE:

_____

BUSINESS TELEPHONE: (____) _____ HOME TELEPHONE: (____) _____

DATE OF BIRTH: _____/_____/_____ DRIVER'S LICENSE #: _____

DATE OF INCIDENT: _____/_____/_____ TIME OF INCIDENT: _____ AM/PM

PLACE OF INCIDENT: _____

_____

NAME OF COUNTY EMPLOYEE(S) INVOLVED (Or, mark "unknown"):

_____

DESCRIPTION OF HOW THE INCIDENT OCCURRED AND WHY PLACER COUNTY IS AT FAULT:

_____

_____

_____

_____

_____

DESCRIBE DAMAGES, INJURIES, AND AMOUNT OF MONEY YOU ARE CLAIMING: *(if claim involves an automobile, provide make, model, year, and registered owner information)*

_____

_____

_____

_____

_____

WARNING: IT MAY BE A CRIMINAL OFFENSE TO PRESENT A FALSE/FRAUDULENT CLAIM.

I HAVE READ THE ABOVE CLAIM AND CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED THIS DAY OF: _____ AT _____ , CALIFORNIA.

_____

CLAIMANT'S SIGNATURE

SEE REVERSE FOR FILING INSTRUCTIONS

INSTRUCTIONS FOR FILING

A Claim Against the County of Placer for any sum of money **must** be filed with the Clerk of the Board of Supervisors. Such claim **must** be filed within six (6) months from the date of incident you or your personal property have been injured or damaged. If your claim concerns damage to real property (including any buildings) it **must** be filed within one (1) year from the date the incident caused the damage.

If an additional report or information is being submitted, it must be complete and detailed. Photographs and repair estimates for damaged property may also be included.

If you fail to file the claim within the required time, you may be precluded from receiving payment.

Once your claim has been filed, it will be reviewed by the Board of Supervisors and either paid or rejected. If you desire to consult an attorney regarding this matter, you should do so immediately.

Mail completed form to: **Clerk of the Board**
175 Fulweiler Avenue
Auburn, CA 95603