## **CLAIM AGAINST THE COUNTY OF MONTEREY**

This is a Public Document Subject to Public Disclosure, Unless Prohibited by Law.



## Submit original claim in person or mail to:

The Clerk of the Board 168 W. Alisal Street, 1<sup>st</sup> Floor P.O. Box 1728 Salinas, CA 93902

For Clerk of the Board's Date Stamp Only

1. Claimant's Name and Home Address	2. Send Official Notices and Correspondence to
CityStateZip	CityStateZip
Phone	Phone

3. Claimant's Date of Birth	4. Are you a N	Aedicare Beneficiary?
	Yes	□ No

5. Date of Incident 6.	. Time of Incident	7. Address and/or Description of Incident Location
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**8. Basis of Claim**. Describe in detail how damage or injury occurred and extent and amount of injury or damage claimed. Identify all persons, entities, property, and County Departments involved. State why you believe the County is responsible for the alleged injury, property damage, or loss. Attach copies of supporting documentation (police report, photos, or diagrams) and additional pages if needed.

Name of legal owner and/or registered owner of damaged property or loss upon which claim is based.

9. Witness Names (if any)	Address	Phone

10. Public officers or employees alleged to have knowledge.	Police Agency
	Police Report #

ITEMS	AMOUNT	ITEMS	AMOUNT
·	\$	6	\$
2	\$	7	\$
3	\$	8	\$
1	\$	9	\$
5	\$	10	\$

Signature of Claimant or Representative

Date

Print Name

12.

Relationship to Claimant

## THIS CLAIM MUST BE SUBMITTED BY MAIL OR PERSONAL DELIVERY. DO NOT E-MAIL OR FAX. Presentation of a false claim is a FELONY (CA Penal Code, Section 72)