

9. Witness Names (if any)	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

11. Amount of Claimant's property damage or loss and method of computation. Attach copies of supporting documentation (receipts, repair estimates).

ITEMS	AMOUNT	ITEMS	AMOUNT
1. _____	\$ _____	6. _____	\$ _____
2. _____	\$ _____	7. _____	\$ _____
3. _____	\$ _____	8. _____	\$ _____
4. _____	\$ _____	9. _____	\$ _____
5. _____	\$ _____	10. _____	\$ _____
Court Jurisdiction If claim amount exceeds \$10,000, no amount shall be included. However, you must indicate whether the claim is:			TOTAL AMOUNT \$ _____
<input type="checkbox"/> Limited (up to \$25,000) <input type="checkbox"/> Unlimited (over \$25,000)			

12.	_____	_____
	Signature of Claimant or Representative	Date
	_____	_____
	Print Name	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)**