

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, 1st Floor
P.O. Box 1728
Salinas, CA 93902

For Clerk of the Board's Date Stamp Only

1. Claimant's Name and Home Address _____ _____ City _____ State _____ Zip _____ Phone _____	2. Send Official Notices and Correspondence to _____ _____ City _____ State _____ Zip _____ Phone _____
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3. Claimant's Date of Birth _____	4. Are you a Medicare Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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. _____ _____ _____
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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)**