

**CLAIM FOR DAMAGES AGAINST  
PUBLIC ENTITY  
[Government Code § 910 and § 910.2]**

1. NAME OF CLAIMANT: \_\_\_\_\_

2. POST OFFICE ADDRESS: \_\_\_\_\_

3. POST OFFICE ADDRESS TO WHICH PERSON PRESENTING THE CLAIM DESIRES NOTICES TO BE SENT: \_\_\_\_\_

4. DATE OF INJURY, DAMAGE, LOSS OR OBLIGATION: \_\_\_\_\_

5. LOCATION WHERE THE INJURY, DAMAGE, LOSS OR OBLIGATION OCCURRED:

\_\_\_\_\_  
\_\_\_\_\_

6. THE GENERAL DESCRIPTION OF THE INJURY, DAMAGE, LOSS OR OBLIGATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach Additional Pages, If necessary)

7. NAME(S) OF PUBLIC EMPLOYEE(S) WHO CAUSED INJURY, DAMAGE OR LOSS: \_\_\_\_\_

8. DESCRIPTION OF THE ACTIONS OR CONDUCT OF EMPLOYEE(S) WHO CAUSED THE INJURY, DAMAGE OR LOSS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach Additional Pages, If necessary)

9. NAMES/ADDRESSES/TELEPHONE NUMBERS OF ANY WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_

10. TOTAL AMOUNT CLAIM: \$ \_\_\_\_\_

District Form No. \_\_\_\_\_

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