

COUNTY OF MARIPOSA CLAIM FORM

CLAIM OF _____)
 (Claimant))
) CLAIM FOR PERSONAL INJURY
v.) AND/OR PROPERTY DAMAGE
) (Government Code § 910)
COUNTY OF MARIPOSA)
_____)

TO THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY:

YOU ARE HEREBY NOTIFIED that: (Please type or print)

Claimant: _____
Whose address is: _____
City and State: _____ Zip: _____

claims damages from the **COUNTY OF MARIPOSA** in the amount, computed as of the date of presentation of this claim, of \$_____.

This claim is based on: *(CHECK APPROPRIATE BOX OR BOXES)*

- Property Damage Other *(Please List)*
 Personal Injury _____
 Contract _____

which occurred on _____, 20____ in the vicinity of *(place where incident occurred)*:
 (MONTH/DAY)

_____ (PLACE WHERE INCIDENT OCCURRED)

Describe generally the facts and circumstances that give rise to the claim: *(Please provide another page if more space is needed.)*

The name(s) of the public employee(s) causing claimant's injuries or damages under the above-described circumstances is/are:

The injuries sustained by claimant, as far as known, as of the date of presentation of this claim consist of:
(Describe generally claimant's injuries or damages.)

The amount claimed, as of the date of presentation of this claim is computed as follows:

Damages incurred to date:

Expenses for medical and hospital care \$ _____

Loss of earnings \$ _____

Specific damages (ITEMIZE & PROVIDE 3 REPAIR ESTIMATES)

_____ \$ _____
_____ \$ _____

Other damages (ITEMIZE)

_____ \$ _____
_____ \$ _____

TOTAL DAMAGES INCURRED TO DATE: \$ _____

Estimated future damages as far as known from this incident:

Total estimated prospective damages: \$ _____

TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM: \$ _____

All notices or other communications with regard to this claim should be sent to claimant at:

(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Please return the completed form to: Clerk of the Board, 5100 Bullion St, PO Box 784, Mariposa, CA 95338

****PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.**

Dated: _____ Signed: _____
(CLAIMANT/AGENT FOR CLAIMANT)

Government Code § 911.2. Time of or presentation of claims

A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (commencing with § 915) of this chapter not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with § 915) of this chapter not later than one year after the accrual of the cause of action.