

10. What is your basis for claiming that the District or District employee(s) are the cause of your injury, damages or loss?

11. What are the name(s) of the District employee(s) whom you allege caused your injury, damages or loss, if known?

12. Name, address and phone number of any witnesses who can substantiate your claim: _____

13. Any additional information that you believe might be helpful to the District in considering this claim:

14. All notices and communications with regard to this claim will be directed to the claimant shown in lines 1 and 2 above unless you complete the following to identify to whom further communication should be directed:

Name: _____ Relationship: _____

Address: _____ State: _____ Zip: _____

Daytime Phone: _____ Home Phone: _____

I/We, the undersigned, declare under penalty of perjury that I/we have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief.

Claimant's Printed Name

Claimant's Signature

Date Signed

(Note: If someone files the claim on behalf of the claimant, the person making the claim on behalf of the claimant should sign above.)

WARNING: THE PRESENTATION FOR ALLOWANCE OR PAYMENT OF A FALSE OR FRAUDULENT CLAIM, WITH INTENT TO DEFRAUD, IS A CRIME UNDER CALIFORNIA LAW.