

CLAIM OF \_\_\_\_\_ )  
 )  
 vs. )  
 )  
 TUOLUMNE COUNTY )  
 \_\_\_\_\_ )

**CLAIM FOR  
PROPERTY DAMAGE**  
(Section 910 of the Government Code)



**TO THE TUOLUMNE COUNTY BOARD OF SUPERVISORS:**

You are hereby notified that \_\_\_\_\_, whose address is \_\_\_\_\_, whose date of birth is \_\_\_\_\_, and whose social security number is \_\_\_\_\_, claims damages from the County of Tuolumne in the amount computed as of the date of presentation of this claim, of \$ \_\_\_\_\_.

This claim is based on property damage sustained by claimant on or about \_\_\_\_\_, 20\_\_\_\_, in the vicinity of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

under the following circumstances (attach additional pages if necessary):

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

The damage to claimant's property, as of the date of presentation of this claim, consists of:

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

The name(s) of the public employee(s) causing damage under the described circumstances is/are:

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

The employee(s) are employed in the following-named County department(s):

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

The amount claimed, as of the date of presentation of this claim, is computed as follows (please include receipts/estimates for repair):

TOTAL DAMAGES \$ \_\_\_\_\_

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

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Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant/Attorney for Claimant

**Claimant Contact Information:**

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

**Attorney for Claimant Contact Information:**

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

**Return Completed Form To:**

*Clerk of the Board of Supervisors  
2 South Green Street  
Sonora, CA 95370*