

**COUNTY OF ALPINE**  
**CLAIM FOR DAMAGES**

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This claim must be filed with the Clerk of the Board of Supervisors within six (6) months after the accident or event. Where space is insufficient, please use additional paper and identify information by paragraph number. When claim is complete, mail to:

ALPINE COUNTY  
Clerk of the Board  
P.O. Box 158  
Markleeville, CA 96120

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COUNTY BOARD OF SUPERVISORS  
Administrative Office Building  
99 Water Street  
Markleeville, California 96120

CLAIMANT

Name \_\_\_\_\_  
Gender Male \_\_\_\_\_ Female \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
DOB \_\_\_\_\_  
D.L. # \_\_\_\_\_

**SUPERVISORS:**

The undersigned respectfully submits the following claim and information:

1. Post Office address to which claimant desires notices to be sent if other than above:  
\_\_\_\_\_
  
2. Date, place, and time of occurrence or transaction which gives rise to this claim:  
Date \_\_\_\_\_ Time \_\_\_\_\_  
Place \_\_\_\_\_
  
3. Specify the particular act or omission and circumstances you believe caused injury and/or damage:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Name or names of any employee of the County you believe caused the injury, damage or loss:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Description of property damaged:  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Owner of property damaged: \_\_\_\_\_  
 Location of property damaged: \_\_\_\_\_
7. Description of personal injury. If there was no personal injury, state "NONE":  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Name of any other person injured: \_\_\_\_\_  
 Address of injured person: \_\_\_\_\_
9. Names and addresses of witnesses, doctors, hospitals, etc.:
- |     | NAME  | ADDRESS | TELEPHONE |
|-----|-------|---------|-----------|
| (1) | _____ | _____   | _____     |
| (2) | _____ | _____   | _____     |
| (3) | _____ | _____   | _____     |
10. Amount of reimbursement claimed as damages with computation and supporting bills, receipts, or estimates of cost (please attach papers to claim):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Any additional information that might be helpful in considering claim:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.**  
 (Penal Code §72 / Insurance Code §556)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, AT \_\_\_\_\_

\_\_\_\_\_  
 CLAIMANT'S SIGNATURE