CLAIM OF)
)
	VS.)
)
TUOLUMNE COUNTY)
		,

Application to Present Late Claim CLAIM FOR PROPERTY DAMAGE

(Section 915.4 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 C	County of
Tuolumne in the amount computed as of the date of presen	ntation of this claim, of \$	
This claim is based on property damage sustained by claim	nant on or about	
, 20, in the vicinity of		
under the following circumstances:		
The damages to claimant's property, as of the date of prese	entation of this claim consist of:	
The name(s) of the public employee(s) causing claimant's	injuries under the described circumstan	ces is/are:
The employee(s) are employed in the following-named Co	ounty department(s):	

e amount claimed, as of the date of presentation of t	
ceipts/estimates for repairs):	
T	
	TOTAL DAMAGES \$
	101112 21 II, II 1025 4
ll notices or other communications regarding this cla	im should be sent to claimant at:
ll notices or other communications regarding this cla	
ated:	
ated:	Claimant Contact Information:
ated:	Claimant Contact Information: Phone:
ated:	Claimant Contact Information:
ated:	Claimant Contact Information: Phone: E-Mail: Fax:
ated:	Claimant Contact Information: Phone: E-Mail: Fax: Attorney for Claimant Contact
ated:	Claimant Contact Information: Phone: E-Mail: Fax:
ated:	Claimant Contact Information: Phone: E-Mail: Fax: Attorney for Claimant Contact Information:
ated:	Claimant Contact Information: Phone: E-Mail: Fax: Attorney for Claimant Contact Information: Phone:
Pated:	Claimant Contact Information: Phone: E-Mail: Fax: Attorney for Claimant Contact Information:

Return Completed Form To: Clerk of the Board of Supervisors 2 South Green Street Sonora, CA 95370