

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:

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 (you may include estimates for repairs):

TOTAL DAMAGES \$ _____

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

Dated:

Signature of Claimant / Attorney for Claimant

Claimant Contact Information:

Phone: _____

Fax: _____

E-Mail: _____

Attorney for Claimant Contact Information:

Phone: _____

Fax: _____

E-Mail: _____

Return Completed Form To:

Clerk of the Board of Supervisors

2 South Green Street

Sonora, CA 95370