

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

14. All notices and communications with regard to this claim should be directed to (only to be completed if different than Claimant's address and phone number at Questions 2 and 3 above):

Name: _____ Relationship _____

Address _____ City _____ Zip Code _____

Daytime Telephone No: (_____) _____

15. DATE: _____ SIGNATURE: _____

If additional space is needed to provide requested information, please attach sheets identifying paragraph(s) being answered.

Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient. If you have any questions concerning completion of this form, please contact the Risk Management Division at 707-648-8608. Legal advice concerning your claim should be obtained from your own lawyer.

To assist you in answering **Question 10** above, the law requires the claim to show the amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed. If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether jurisdiction over the claim would rest in municipal court (\$25,000 or less) or superior court (more than \$25,000). Govt. Code §910(f).

WARNING: PRESENTATION FOR ALLOWANCE OR PAYMENT OF A FALSE OR FRAUDULENT CLAIM, WITH INTENT TO DEFRAUD IS A CRIME PUNISHABLE AS A FELONY UNDER CALIFORNIA PENAL CODE, SECTION 72, AND INSURANCE CODE, SECTION 1871.1.

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