

CLAIM FORM

To: Chief Administrative Services Officer
Contra Costa Community College District
500 Court Street, Martinez, CA 94553

- 1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Govt. Code, Section 911.2)
2. Claims for damages to real property or breach of contract must be filed not later than once year after the occurrence (Govt. Code, Section 911.2)

Name of Claimant _____ DOB _____ Phone No _____

Address _____ City _____ Zip _____

WHEN did damage or injury occur? _____

WHERE did damage or injury occur? _____

HOW and under what circumstances did damage or injury occur? _____

WHAT particular action by the District or its employees caused the alleged damage or injury: (Include names of employees, if known) _____

WHAT sum do you claim: Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attached estimates or invoiced, if possible. (If amount claimed exceed \$10,000, no dollar amount shall be stated).

Total Amount Claimed \$ _____

If total amount claimed exceed \$10,000, is this a Limited Civil case? Yes _____ No _____

NAMES and addresses of witnesses, doctors and hospitals: _____

DATE: _____ Signature of Claimant _____

NOTICE: Section 72 of the California Penal Code provides: "Every person who with intent to defraud, presents for payment to any School District any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment."