

CLAIM AGAINST THE COUNTY OF PLUMAS

(Pursuant to Government Code §910.4)

NOTICE: All claims must be presented to the County of Plumas in accordance with Government Code §915.4. Failure to fully complete this form will result in your claim being returned. Plumas County employees are not allowed to provide legal advice. Attach additional pages if needed.

MAIL TO:

Clerk of the Board
520 Main St, Rm 309
Quincy, CA 95971

CLAIMANT INFORMATION

1. Name of Claimant: _____
2. Date of Birth: _____
3. Gender (circle one): Male Female
4. Mailing Address of Claimant:

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|
5. Mailing Address where notices are to be sent (if different than mailing address of claimant):

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|
6. Telephone Number of Claimant: _____

INFORMATION ABOUT CLAIM

7. Incident Date: Month _____ Day _____ Year _____
8. Location of Incident (if applicable, include street address, highway number, post mile number, or direction of travel):

9. Explain the circumstances that led to the alleged damage or injury (state all facts that support your claim and why you believe the County is responsible for the alleged damage or injury. If more space is needed, continue on a separate page):

10. General description of the specific damage, injury, indebtedness, obligation, or loss incurred so far as it may be known at the time of presenting claim:

11. Dollar amount of claim (if less than \$10,000) as of the date of presenting the claim (include the estimated amount of any prospective injury, damage, or loss, insofar as it may be known when claim is presented): \$_____
12. If the amount claimed exceeds \$10,000, no dollar amount shall be included in the claim. However, please indicate whether the claim would be limited to civil case: YES NO
13. Name(s) of public employee(s) causing the injury, damage or loss, if known:
- _____

CLAIMS INVOLVING MOTOR VEHICLES

14. Insurance information (complete if claim involves motor vehicle). Has the claim for the alleged damage/injury been filed (or will be filed) with your insurance carrier? YES NO
15. Name of insurance carrier and telephone number (including area code):

Name

Telephone Number

Address

City

State

Zip

16. Policy Number:_____
17. Are you the registered owner: YES NO
18. Amount of deductible: \$_____
19. Make:_____ Model:_____ Year:_____

Section 72 of the Penal Code provides that a person found guilty of submitting a fraudulent claim may be punished by imprisonment in the County Jail or State Prison, and/or by the imposition of a fine up to \$10,000.00.

Signature of Claimant, or by some person legally authorized to submit this claim on your behalf.

Signature

Date

Printed Name of Person Completing Claim