



SOLANO COUNTY CLAIM FOR DAMAGES

A claim relating to a cause of action for death or injury to person or to personal property must be filed with the Clerk of the Board of Supervisors within 6 months after the accident or event occurred. Where space is insufficient, please use additional paper and identify information by paragraph number. When claim is complete, mail to: Board of Supervisors, County of Solano, 675 Texas Street, Suite 6500, Fairfield, CA 94533-6342.

Name of Claimant _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Telephone Number: _____

Date of Birth: - _____

1. Person to whom claimant desires notices to be sent if other than above:

Name Telephone Number

2. _____
Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

3. Date, place, and time of occurrence or transaction which gives rise to this claim:
Date: _____ Time: _____
Place: _____

4. Specify the particular act or omission and circumstances you believe caused injury and/or damage:

5. Name (s) of any employee of Solano County you believe caused the injury, damage or loss:

5. Description of property damaged:

6. Owner of property damaged: _____
 Present location of damaged property: _____

7. Description of personal injury, if any: _____

8. Is there any other person with property damage or personal injury: _____
 Name and address of other person: _____

9. Names, addresses, and telephone numbers of witnesses, doctors, hospitals, etc.
 (1) _____
 (2) _____
 (3) _____

10. Amount claimed as damages with computation and supporting bills, receipts, or estimates of cost (please attach copies of documents to this claim).

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

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM
 (PENAL CODE § 72)**

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief, and as to such matters I believe the same to be true. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed this _____ day of _____, _____ at _____, California

CLAIMANT'S SIGNATURE
 (Original Signature - **BLUE**)