



SOLANO COUNTY CLAIM FOR DAMAGES

This claim must be filed with the Clerk of the Board of Supervisors within 6 months after the accident or event. 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.

Claimant

Name: _____

Address: _____

Telephone No.: _____

Date of Birth: _____

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

Name Telephone No.

Address

2. Date, place, and time of occurrence or transaction which gives rise to this claim:

Date: _____ Time: _____

Place: _____

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

4. 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 claims:

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM
(PENAL CODE 72: INSURANCE COD 556)**

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 that the foregoing is true and correct.

SIGNED THIS ____ DAY OF _____, ____ AT _____, CA

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