

CLAIM AGAINST THE EAST BAY REGIONAL PARK DISTRICT

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Government Code section 910, et seq. requires that a party, who believes the public agency is responsible for damages, must file a claim with the agency within a timely manner.

This claim form with original signatures, along with copies of any receipts or documentation, must be mailed or delivered to address below. Faxed claims will not be accepted.

Clerk of the Board's Office, East Bay Regional Park District, 2950 Peralta Oaks Court, Oakland, California 94605

ADDRESS OF CLAIMANT: WORK PHONE: OTHER PHONE: SEND NOTICES REGARDING THIS CLAIM TO: (If different from above, list name, mailing address, and phone number) DATE OF INCIDENT OR OCCURRENCE CAUSING (Exact location) PLACE OF INCIDENT OR OCCURRENCE: (Exact location) DESCRIBE THE INCIDENT INCLUDING YOUR REASON FOR BELIEVING THE PARK DISTRICT IS LIABLE FOR YOUR DAMAGES: (If necessary, attach additional pages with claimant's name on each page) NAME OF PUBLIC EMPLOYEE(S) WHO CAUSED THE INJURY, IF KNOWN: DID YOU FILE A POLICE REPORT? AGENCY: POLICE REPORT NO.: AMOUNT OF DAMAGES SOUGHT: (If the total claim is under \$10,000) Amount claimed as of this date: Estimated amount of future costs: Total amount claimed: DOLLAR AMOUNT BUT INDICATE CATEGORIES OF LOSS AND STATE WHETHER THIS WOULD BE A LIMITED CIVIL CASE. ADDITIONAL INFORMATION: (List any additional information that might be helpful in considering your claim. Attach additional pages as needed.) PROVIDED TO THE PHONE: WORK PHONE: OTHER PHONE: OTHER PHONE: WORK PHONE: OTHER PHONE: WORK PHONE: OTHER PHONE: WORK PHONE: OTHER PHONE: OTHER PHONE: OTHER PHONE: OTHER PHONE: WORK PHONE: OTHER PHONE: WORK PHONE: OTHER PHONE: OTHER PHONE: OTHER PHONE: OTHER PHONE: SEND OF THE PHONE: OTHER PHONE:		DATE OF BIRTH:
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