

CLAIM AGAINST THE
_____ HOUSING AUTHORITY
(Pursuant to Government Code §910.4)

NOTICE: All claims must be presented to the _____ Housing Authority in accordance with Government Code §915.4. If you need assistance in completing this form, contact legal counsel. _____ employees are not allowed to provide legal advice. Attach additional pages as needed.

CLAIMANT INFORMATION

1. Name of Claimant _____
2. Mailing Address of Claimant

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

Address City State Zip
4. Telephone Number of Claimant: _____
5. If Claimant is a minor what is the claimant's relationship to the person completing this form? _____

REPRESENTATIVE INFORMATION

6. Name of Attorney _____
7. Mailing Address of Attorney

Address City State Zip
8. Telephone Number of Attorney _____

CLAIM INFORMATION

9. Incident Date: _____
10. Location of Incident (If applicable, include street address, nearest unit number, highway number, milepost number, or direction of travel)

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

12. Provide a 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.

13. 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 the claim is presented). \$ _____

14. If the amount claimed exceeds \$10,000, no dollar amount shall be included in the claim. However, please indicate whether the claim would be a limited civil case. Yes No (Under \$25,000)

15. Name(s) of _____ employees causing injury, damage or loss, if known

CLAIMS INVOLVING MOTOR VEHICLES

16. 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

17. Name of Insurance Carrier and Telephone Number (including area code)

_____		_____	
Name		Telephone Number	
_____		_____	
Address	City	State	Zip

18. Policy Number: _____

19. Are you the registered owner? Yes No

20. Amount of Deductible: \$ _____

21. 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 person legally authorized to submit this claim on your behalf.

Signature

Printed Name of Person Completing Claim

Submit Claim to:
 _____ **Board of Commissioners**
Att: Secretary
[Address]