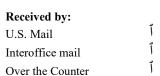
CLAIMS FOR DAMAGES AGAINST THE COUNTY OF IMPERIAL

FOR CLERK OF THE BOARD USE ONLY





FOR CLERK OF THE BOARD USE ONLY				
CLAIM#				
14 DAYS				
45 DAVS				

DO NOT WRITE IN THIS SPACE

A CLAIM MUST BE FILED WITH THE COUNTY OF IMPERIAL CLERK OF THE BOARD OF SUPERVISORS <u>WITHIN 6 MONTHS</u> AFTER THE INCIDENT OR EVENT OCCURRED. BE SURE YOUR CLAIM IS AGAINST THE COUNTY OF IMPERIAL, NOT ANOTHER PUBLIC ENTITY. WHERE SPACE IS INSUFFICIENT, PLEASE USE ADDITIONAL PAPER. ALL CLAIMS MUST BE RETURNED TO COUNTY OF IMPERIAL ATTN: CYNTHIA MEDINA, CLERK OF THE BOARD OF SUPERVISORS, 940 MAIN STREET, SUITE 209, EL CENTRO, CA. 92243.

ame of Claimant:					
ddress of Claimant:	Last	First	Midd	Middle	
	Street Address/PO Box	City Work Phone	State :()	Zip	
ate of Birth:					
ame and address to w	hich claimant desires notice to	be sent if different fr	om above:		
nme	Street Address/PO Box	City	State	Zip	
ate damage/injury occurred:		_ Time damage	Time damage/injury occurred:		
ocation injury/damage	e occurred:				
	ty of Imperial or its employeesgy the damage or injury:				
ing a description of the	- ii	less so fan as is lunar		oine If the are	
	e injury, property damage, or "NO INJURIES":			aim. 11 there	
ames and addresses of	f all witnesses, hospitals, docto	ore etc.			
1.	_		7: P!	N-	
Name 2.	Address	City State	Zip Phone		
Name 3.	Address	City State	Zip Phone	No.	
Name	Address	City State	Zip Phone	No.	

DATE STAMP		
Claimant's Signature ▶	Print or type name	Date
I HAVE READ THE MATTERS AND STATTRUE OF MY OWN KNOWLEDGE, EXCEP AS TO SUCH MATTERS, I BELIEVE THE STOREGOING IS TRUE AND CORRECT.	Γ AS TO THOSE MATTERS STATEI	D UPON INFORMATION OR BELIEF AND
 Please read claim thoroughly and necessary. Claim form MUST be signed by Completed claims must be maile County of Imperial Attn: Cynthia Medina Clerk of the Board of Super 940 West Main Street, Suite El Centro, CA. 92243 WARNING: IT IS A CRIMINAL OF 	v claimant or on behalf of the claim d or returned to: rvisors 2 209	mant.
Any additional information that might be	helpful in considering this claim:	
Is vehicle a company vehicle, if so give na	me and address of company:	
Insurance Company:		Policy No:
Damaged vehicle if applicable: Make: VIN No.:		Year:
Basis for computation of amounts claimed		
 ❖ Total Amount Claimed: 	\$ \$	
Estimated amount of future costs:	C	