



**CLAIM AGAINST THE COUNTY OF SUTTER**

Name of Claimant: \_\_\_\_\_

Claimant's Phone Number: \_\_\_\_\_ Claimant's Email \_\_\_\_\_

Claimant's Post Office Address: \_\_\_\_\_  
(Street or P.O. Box) (Apt.)

\_\_\_\_\_  
(City) (State) (Zip Code)

Post Office Address to Send Notices: \_\_\_\_\_  
(Street or P.O. Box) (Apt.)

\_\_\_\_\_  
(City) (State) (Zip Code)

Date of Accident/Incident/Transaction: \_\_\_\_\_

Place of Accident/Incident/Transaction: \_\_\_\_\_

Describe Circumstances of Accident/Incident/Transaction: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Injury, Damage or Loss: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Public Employee(s) Causing Injury, Damage or Loss, if known: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Pursuant to Government Code Section 910(f), your claim must show the amount claimed if it totals less than ten thousand dollar (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage or loss insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed. If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case.

Amount Claimed: \$ \_\_\_\_\_

Basis of Computation of the Amount Claimed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signed by or for Claimant

\_\_\_\_\_  
Date

Deliver or mail original claim to: Clerk of the Board of Supervisors, 1160 Civic Center Blvd., Suite A., Yuba City, CA 95993