CLAIM FORM

TO: Associate Superintendent, Business Services

ATTN: Risk Management East Side Union High School District 830 N. Capitol Avenue

San Jose, CA 95133 Phone: 408-347-5051

- 1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Govt. Code, Section 911.2)
- 2. Claims for damages to real property or breach of contract must be filed not later than one year after the occurrence (Govt. Code, Section 911.2)

		ext.
Name of Claimant	DOB	Phone No.
Address	City	Zip
	·	•
WHEN did damage or injury occur?		
WHERE did damage or injury occur?		
HOW and under what circumstances did damage or	r injury occur?	
	· · · · · · · · · · · · · · · · · · ·	
WHAT particular action by the District or its employees, if known)	oyees caused the alleged dar	· , , .
WHAT sum do you claim: Include the estimated at the time of the presentation of this claim, together estimates or invoices, if possible. (If amount claimed	with the basis of computati	on of the amount claimed; attach
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		3
Т	Total Amount Claimed	
If total amount claimed exceeds \$10,000, is this a Li	imited Civil case? Yes _	No
NAMES and addresses of witnesses, doctors and h	nospitals:	
DATE:		
DATE.	Signatu	ure of Claimant

NOTICE: Section 72 of the California Penal Code provides: "Every person who with intent to defraud, presents for payment to any School District any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment."