



# 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. Emailed and faxed claims will not be accepted.**

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

NAME OF CLAIMANT:		DATE OF BIRTH:	
ADDRESS OF CLAIMANT:		HOME PHONE:	
		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 CLAIM:		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)		IF MORE THAN \$10,000 IS SOUGHT, DO NOT STATE A DOLLAR AMOUNT BUT INDICATE CATEGORIES OF LOSS AND STATE WHETHER THIS WOULD BE A LIMITED CIVIL CASE.	
Amount claimed as of this date: _____			
Estimated amount of future costs: _____			
Total amount claimed: _____			
ADDITIONAL INFORMATION: (List any additional information that might be helpful in considering your claim. Attach additional pages as needed.)			

**I have read the matters and statements made in the above claim and I know that same to be true of my own knowledge. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.**

**Signature of Claimant or Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print:** \_\_\_\_\_