

GLENN COUNTY OFFICE OF EDUCATION
TORT CLAIM NOTICE FORM

TO: Glenn County Office of Education
311 South Villa Ave.
Willows, California 95988
ATTN: Ronnie Stenquist

1. Claims must be presented by a claimant or a person representing the claimant and shall include all the information referred to below. (Govt. Code, § 910 et. seq.)
2. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Govt. Code, § 911.2)
2. Claims for damages for any other action must be filed not later than one year after the occurrence (Govt. Code, § 911.2)

Name of Claimant DOB Phone No.

Address City Zip

Post office address to which you would like notice to be sent, if different from above:

Name of Addressee

Address City Zip

WHEN did damage or injury occur? _____

WHERE did damage or injury occur? _____

HOW and under what circumstances did damage or injury occur? _____

GENERAL DESCRIPTION of the injury as known at the time of presented claim: _____

WHAT particular action by the Agency or its employees caused the alleged damage or injury: (Include names of employees, if known) _____

WHAT sum do you claim: Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible. (If amount claimed exceeds \$10,000, no dollar amount shall be stated).

Total Amount Claimed \$ _____

If total amount claimed exceeds \$10,000, is this a Limited Civil case? Yes _____ No _____

NAMES and addresses of witnesses, doctors and hospitals: _____

DATE: _____

Signature of Claimant