



CLAIM FORM

NAME OF PUBLIC ENTITY: TOWN OF DISCOVERY BAY CSD	
CLAIMANT'S NAME:	ADDRESS:
PHONE:	
The post office address to which the person presenting the claim desires notices to be sent:	
The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted:	
A general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim:	
The names or names of the public employee or employees causing the injury, damage, or loss, if known:	
The amount claimed if it totals less than ten thousand dollars (\$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.	
SIGNATURES	
SIGNATURE OF CLAIMANT:	DATE:
SIGNATURE OF CLAIMANT REPRESENTATIVE:	DATE:
DATE RECEIVED:	BY: