

**SUBMIT TO:**  
**Board of Supervisors**  
**3501 Civic Center Drive, Room 329**  
**San Rafael, CA 94903**

**CLAIM FORM**  
**County of Marin**

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

**Address:** \_\_\_\_\_

Street Number

City

State

Zip

**Phone Number:** \_\_\_\_\_

Home

Business

**Mailing Address for all Notices:** \_\_\_\_\_

(If same as above, insert "same")

**Date of Injury, Damage or Loss:** \_\_\_\_\_

**Place of Injury, Damage or Loss** \_\_\_\_\_

(Exact Location)

**General Description of Injury, Damage or Loss and Circumstance which Gave Rise to the Claim:**

**Why is the County of Marin Responsible for the Alleged Injury, Damage or Loss?**

**Name(s) of County of Marin Employee(s) Causing Alleged Injury, Damage or Loss, if Known:**

**Witnesses**

**Name**

**Address**

**Phone**

**Name**

**Address**

**Phone**

**Amount of Claim: \$** \_\_\_\_\_

(Attach supporting bills or basis of computation of amount claimed)

**DATED:** \_\_\_\_\_

**CLAIMANT'S SIGNATURE:** \_\_\_\_\_