CLAIM AGAINST THE COUNTY OF ALAMEDA

PLEASE TYPE OR PRINT

Please <u>complete the form</u> , retain one (1) copy for your records. Return the signed original: Clerk, Board of Supervisors Office, Administration Building, 1221 Oak Street, Room 536 Oakland, CA 94612 Phone: (510) 208-4949	CBS CLAIM NO			
<u>Please provide a copy of all attachments supporting your claim</u> (estimates, bills, receipts, police report, etc.)	FOR CLERK'S USE ONLY			
FOR FUTURE INFORMATION ON YOUR CLAIM PLEASE CONTACT: George Hills Company (855) 442-2357				
1. Claimant's Name:				

(Phone Number)

(Phone Number)

1.5 Claimant's PFN (if applicable):_____

2.	Address:		_
	(Number, Street, C	ity, State & Zip Code)	
2	Adduces to which weth	an and to be coust if different from 1 0 2.	

(Number, Street, City, State & Zip Code)	
Total Amount of Claim: \$	

- 5. Date of Accident/Loss: _____
- 6. Location of Accident/Loss:_____

*4.

7. Describe How Accident/Loss Occurred:_____

8. Describe Injury/Damage/Loss: _____

9. Name of Public Employee(s) Causing Injury/Damage/Loss, if known:______

10. Itemization of Claim (List items totaling the amount in line #4). (Use separate sheet for additional items.)

	\$	// *TOTAL AMOUNT OF CLAIM	\$ \$
	\$	/	\$
ITEM DESCRIPTION	AMOUNT	ITEM DESCRIPTION	AMOUNT

NOTICE: Section 72 of the Penal Code provides:

"Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand (\$1,000), or by both such imprisonment and fine; or by imprisonment in the state prison, or by a fine not exceeding ten thousand (\$10,000), or by both such imprisonment and fine."