

STEGE SANITARY DISTRICT

7500 Schmidt Lane, El Cerrito, CA 94530

(510) 524-4668 • staff@stegesane.org • www.stegesane.org

GOVERNMENT CLAIMS: This form is provided pursuant to Government Code Sections 910 et seq. and shall be used by any person presenting a claim to Stege Sanitary District under Government Code Section 810 et seq.

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS.

Please return this claim form and all attachments to the District at the address stated above.

A. NAME OF CLAIMANT(S): _____

B. MAILING ADDRESS: _____

C. PHONE NUMBER: _____ EMAIL: _____

D. THE PERSON PRESENTING THIS CLAIM DESIRES THAT NOTICE BE SENT TO THE FOLLOWING ADDRESS:

E. THE DATE, PLACE, AND OTHER CIRCUMSTANCES OF THE OCCURRENCE OR TRANSACTION WHICH GAVE RISE TO THE INJURIES, DAMAGES, OR LOSSES:

DATE/TIME OF OCCURRENCE: _____

DATE/TIME THAT INJURIES, DAMAGE, OR LOSSES DISCOVERED: _____

LOCATION OF OCCURRENCE: _____

EXPLAIN IN DETAIL THE CIRCUMSTANCES OF THE OCCURRENCE, INCLUDING WHAT THE ENTITY OR EMPLOYEE DID, THAT GAVE RISE TO THE CLAIM:

F. THE NAME(S) OF THE PUBLIC EMPLOYEE(S) CAUSING THE INJURY, DAMAGE, OR LOSS, IF KNOWN:

G. IDENTIFY THE SPECIFIC INJURIES, DAMAGES, OR LOSSES THAT THE CLAIMANT RECEIVED
(Attach supporting documentation, if available):

H. DOLLAR AMOUNT OF CLAIM (including, as of the date of presentation of the claim, the anticipated amount of any prospective injury, damage or loss): \$ _____

IF CLAIM EXCEEDS \$10,000, CHECK ONE ITEM BELOW:

JURISDICTION OF CLAIM: ___ SUPERIOR COURT LIMITED JURISDICTION (CLAIMS UP TO \$25,000)
 ___ SUPERIOR COURT UNLIMITED JURISDICTION (CLAIMS OVER \$25,000)

BASIS OF COMPUTATION OF CLAIM AMOUNT (Attach supporting bills, receipts, estimates, if available):