

SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT

**1651 16th Street
Santa Monica, CA., 90404-3891**

CLAIM FOR DAMAGES

TO: BOARD OF EDUCATION

Name of Claimant	Address	City	Zip	Phone	Age
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(Address to which notices should be sent if different from above)

WHEN did damage or injury occur? _____

WHERE did damage or injury occur? _____

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

WHAT particular action by the district 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 for computation of the amount claimed. (Attach estimates or bills, if possible.)

_____ \$ _____

_____ \$ _____

Total Amount Claimed \$ _____

NAMES and addresses of witnesses, doctors, and hospitals: _____

Signature of Claimant

Date

NOTICE: Section 72 of the California Penal Code provides: Every person who, with intent to defraud, presents for payment to any school district any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment.

This form is provided pursuant to Government Code Section 910.4 and shall be used by any person presenting a claim to the District under Government Code Section 900 et seq. If additional space is needed for any of the required information, please attach additional sheets.