

CLAIM AGAINST THE LIVERMORE VALLEY JOINT UNIFIED SCHOOL DISTRICT

Claims for death, injury to person, or to perso (Govt. Code, Section 911.2). Claims for dama after the occurrence (Govt. Code, Section 911. Where space is insufficient, please use ad is completed, mail to:	ages to real property or b 2).	rreach of contract mu tify information by p ervices scus Blvd. 551	st be fil	led not later than one year
Claimant:		Date	of Birth	n:
Address:				
City:	Zip:	Phone #:		
1. WHEN did damage or injury occur?				
2. WHERE did damage or injury occur?				
3. HOW and under what circumstances of	lid damage or injury oc	cur?		
4. WHAT particular action by the District employees, if known.	or its employees cause	d the alleged dama	ge or ir	njury? Include names of
5. NAMES and addresses of witnesses,	doctors and hospitals:			
6. WHAT sum do you claim: Include the time of the presentation of this clair estimates or invoices, if possible. (If ar	n, together with the b	asis of computatio	n of th	ne amount claimed; attach
If total amount claimed exceeds \$10,000	, is this a Limited Civil o	case? Yes O No	•••	Total \$ Claimed

Claimant Signature_

_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."