

SANBAG Claim

<p><u>Please read</u> instructions on the back of this form (side 2) very carefully. You must complete each section of this form or your claim may be returned as incomplete.</p> <p>1. Date claim submitted.</p> <p>_____</p>	<p style="text-align: center;">SANBAG USE ONLY</p>
<p>2. Name and Address of Claimant(s)</p> <p>Name _____</p> <p style="padding-left: 40px;">First Last</p> <p>Address _____</p> <p style="padding-left: 40px;">_____</p> <p style="padding-left: 40px;">City State Zip</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p>	<p>3. Social Security Number</p> <p>_____</p> <p>4. Date of Birth</p> <p>_____</p>
<p>5. Date of incident. _____</p>	
<p>6. Date and other circumstances which give rise to the claim. (How and when did the alleged damage or loss occur?)</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>7. Describe nature and extent of damage or loss.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>8. Name(s) of public employee(s) or agency causing damage or loss, if known.</p> <p>_____</p>	
<p>9. Dollar amount of claim. \$ _____</p>	
<p>10. Send all notices and correspondence regarding this claim to:</p> <p>Name _____</p> <p>Address _____</p> <p style="padding-left: 40px;">_____</p> <p style="padding-left: 40px;">City State Zip</p>	<p>11. Signatures:</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Print Name</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Print Name</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Date</p>

Instructions for Completing a SANBAG Claim

1. Indicate the date this claim is being filed.
2. Provide name, address, work and home phone numbers of the claimant(s).
3. Please provide your Social Security Number
4. Please provide your Date of Birth
5. Indicate the date of incident.
6. How and when did the damage or loss occur? Provide in full detail the circumstances that led to the damage or loss and the time the damage or loss occurred.
7. Describe the nature and extent of the damage. Be as specific as possible.
8. Provide name(s) of public employee or agency causing damage or loss, if known.
9. Provide dollar amount of claim - State the total amount you are claiming as a result of the alleged damage or loss. Provide a breakdown of how the total amount was computed and provide copies of any bills, payments, receipts and cost estimates.
10. Provide the name and mailing address of the person to whom all official notices and other correspondence should be sent. If the same as #2 above, write "same as in #2 above".
11. Signature - The claim must be signed, either by the claimant(s) or by an attorney authorized to represent the claimant.

NOTES: 1. Mail completed form to:

Clerk of the Board
San Bernardino Associated Governments
1170 W. 3rd Street, 2nd Floor
San Bernardino, CA 92410

2. Attach copies of all support documents to each completed SANBAG claim.