CLAIM FORM

E(3) 3320

TO: Vacaville Unified School District
401 Nut Tree Road
Vacaville, CA 95687

Attn: Administrative Services
Tel: 707.453.6121

1. Claims for death, or for injury to person or to personal property must be presented to the District not later than six (6) months after the occurrence (Govt. Code, Section 911.2), including those claims detailed in Board Policy 3320 and Administrative Regulation 3320.
2. Claims for damages to real property or for breach of contract must be presented not later than one year after the occurrence (Govt. Code, Section 911.2)
3. Please carefully read the Vacaville USD Board Policy 3320 and Administrative Regulation 3320 regarding the presentation of a claim.

_____ _____ _____
Name of Claimant DOB Phone No.

_____ _____ _____
Address City Zip

Name and Address where notices shall be sent: _____

_____

State the DATE the injury or damage occurred: _____

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 of computation of the amount claimed; attach estimates or invoices, if possible. (If amount claimed exceeds $10,000, no dollar amount shall be stated).

_____ $_____

_____ $_____

_____ $_____

Total Amount Claimed $_____

If total amount claimed exceeds $10,000, is this a Limited Civil case? Yes _____ No_____

NAMES and addresses of witnesses, doctors and hospitals: _____

_____

_____

_____ _____
Date Signature of Claimant

NOTICE: Section 72 of the California Penal Code provides that 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.