

## CLAIM AGAINST SANITARY DISTRICT NO. 5 OF MARIN COUNTY

PLEASE RETURN THIS FORM TO:

SANITARY DISTRICT NO. 5 OF MARIN COUNTY  
ATTN: ROBIN DOHRMANN, OFFICE MANAGER  
P.O. BOX 227  
TIBURON, CA 94920

OR SEND VIA:

EMAIL: rdohrmann@sani5.org

FAX: 415.435.0221

### CLAIMANT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**The undersigned respectfully submits the following claim and information:**

1. Post Office address to which the claimant desires notices to be sent of other than the above:

\_\_\_\_\_

2. Date, place and time of occurrence or transaction which claim arises from:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

3. Specify the particular act or omission and circumstances you claim caused injury and/or damage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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4. What damage or injuries do you claim resulted?

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5. Amount of reimbursement claimed as damages, with computation and supporting bills, receipts, or estimates of cost (please attach papers to claim), including the amount of any future or prospective injury, damage, or loss, insofar as it may be known at this time:

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6. The name/names of the public employee/employees causing the injury, damage or loss, if known:

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7. Name and Address of Witness, Doctors, Hospitals, etc.:

Name	Address	Telephone
1.		
2.		
3.		

8. Description of personal injury. If there was no personal injury, state "NONE".

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Name of any other person injured: \_\_\_\_\_

Address of injured person: \_\_\_\_\_

10. Owner of property damaged: \_\_\_\_\_

Location of property: \_\_\_\_\_

11. Any additional information that might be helpful in considering claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REPRESENTATIVE INFORMATION** (to be completed if the claim is filed by an attorney or representative)

\_\_\_\_\_  
Name of Attorney/Representative                      (\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address                      City                      State                      Zip Code

Is the claim filed on behalf of a minor?      \_\_\_ Yes      \_\_\_ No

If yes, please indicate:

Relationship to the minor: \_\_\_\_\_

Minor's date of birth: \_\_\_\_\_

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify that under penalty of perjury that the foregoing is true and correct.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
CLAIMANT'S SIGNATURE