## CLAIM AGAINST: THE SAN MARCOS UNIFIED SCHOOL DISTRICT ADDRESS: 255 PICO AVE., SUITE 250, SAN MARCOS, CA 92069 ATTN: NANCY GRIJALVA, RISK MANAGEMENT

Claims against the above school district must be filed with the Board of Education within six (6) months after incident occurred, as required by Government Code Section 911.2.

Where space is insufficient, please use additional paper, include your name, identify each item of information by the paragraph number and sign each sheet.

(A claim shall be presented by the claimant or by a person acting on his behalf.) NAME: MAILING ADDRESS: PHONE NUMBER: ( ) **EMAIL ADDRESS: @** Please check the box if the address listed above is the address you wish San Marcos Unified School District to send notices, pursuant to 910(c). If address listed above is not the address of service please indicate list the address of service: \_ Please check the box L if you agree to receive notices about your claim by email only. DATE OF OCCURRENCE/TRANSACTION: TIME: PLACE/LOCATION: OTHER CIRCUMSTANCES OF THE OCCURRENCE/TRANSACTION WHICH GAVE RISE TO THE CLAIM ASSERTED: DESCRIPTION OF INDEBTEDNESS, OBLIGATION, INJURY, DAMAGE OR LOSS: Give a general description of the indebtedness, obligation, injury, damage, or loss incurred so far as it may be known at the time of presentation of the claim.

NAME OF ANY PERSON(S) CLAIMING PROPERTY DAMAGE AND A DESCRIPTION OF THE DAMAGES:	
Please check the box if the property damage owner is the same as above.	
(In this section please put the name address, phone number and a description of the damage. Please include year, make and model if applicable).	
Please attach any and all documentation you have to support your claim(s).	
NAME OF ANY PERSON(S) INJURED AND A DESCRIPTION OF INJURY:  Please check the box if the injured party is the same as above.  (In this section please put the name address, phone number and injury description).  Please check the box if the injured	
party has received medical treatment. If yes, please include the date of treatment, name address and phone number of location where treatment was received.	
Please attach any and all documentation you have to support your claim(s).	
NAME(S) OF PUBLIC EMPLOYEE(S) CAUSING INJURY, DAMAGE, OR LOSS:	
Please check the box if you do not know the name(s) of the San Marcos Unified School District employee(s).  Please check the box if a police report has been filed. If yes please include a copy of the report with your filing.	
estimated amount of any prospective injury, da claim, together with the basis of computation o	ousand dollars (\$10,000) as of the date of presentation of the claim, including the mage or loss, insofar as it may be known at the time of the presentation of the f the amount claimed. If the amount claimed exceeds ten thousand dollars the claim. However, it shall indicate whether the claim would be a limited civil
AMOUNT CLAIMED AS OF THE DATE OF PRESENTATION:	\$
ESTIMATED AMOUNT OF PROSPECTIVE INJURY, DAMAGE OR LOSS:	\$
TOTAL AMOUNT OF CLAIM:	\$
BASIS OF COMPUTATION OF THE AMOUNT CLAIMED:	
Please attach any and all documentation you have to support your claim(s).	
SIGNATURE OF CLAIMANT	– — — DATE

I certify under penalty of perjury that I know the above to be true and correct of my own knowledge.
\*\* If more space is needed please attach additional pages.