

# CLAIM AGAINST THE COUNTY OF ALAMEDA

## PLEASE TYPE OR PRINT

Please complete the form, retain one (1) copy for your records and **return the original to:**

Clerk, Board of Supervisors Office,  
Administration Building, 1221 Oak Street,  
Room 536, Oakland, CA 94612. Phone: (510) 208-4949.

Please include all attachments which would support your claim (estimates, bills, receipts, police report, etc.)

CBS CLAIM NO. \_\_\_\_\_

**FOR CLERK'S USE ONLY**

### FOR FUTURE INFORMATION ON YOUR CLAIM PLEASE CONTACT:

**Acclamation Insurance Management Services**  
**P.O. Box 2147, Oakland, CA 94621**  
**Phone No.: (510) 633-5650      Fax: (510) 633-5673**

1. Claimant's Name: \_\_\_\_\_  
(Last, First, Middle Initial)
  - 1.5 Claimant's PFN (if applicable): \_\_\_\_\_
  2. Address: \_\_\_\_\_ - \_\_\_\_\_  
(number, street, city, state & zip code) (phone number)
  3. Address to which notices are to be sent, if different from 1 & 2:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ - \_\_\_\_\_  
(number, street, city, state & zip code) (phone number)
  - \*4. Total Amount of Claim: \$ \_\_\_\_\_ 5. Date of Accident/Loss: \_\_\_\_\_
  6. Location of Accident/Loss: \_\_\_\_\_
  7. How did Accident/Loss Occur?: \_\_\_\_\_  
\_\_\_\_\_
  8. Describe Injury/Damage/Loss: \_\_\_\_\_  
\_\_\_\_\_
  9. Name of Public Employee(s) Causing Injury/Damage/Loss, if known: \_\_\_\_\_  
\_\_\_\_\_
  10. Itemization of Claim (List items totaling amount set forth in line #4). (Use separate sheet for additional items.)
- | ITEM                          | AMOUNT   | / | ITEM  | AMOUNT   |
|-------------------------------|----------|---|-------|----------|
| _____                         | \$ _____ | / | _____ | \$ _____ |
| _____                         | \$ _____ | / | _____ | \$ _____ |
| <b>*TOTAL AMOUNT OF CLAIM</b> |          |   |       | \$ _____ |
11. Signed by or on behalf of claimant: \_\_\_\_\_ Date: \_\_\_\_\_

### NOTICE: Section 72 of the Penal Code provides:

“Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand (\$1,000), or by both such imprisonment and fine; or by imprisonment in the state prison, or by a fine not exceeding ten thousand (\$10,000), or by both such imprisonment and fine.”