

File with:  
**Marin Wild fire Prevention  
Authority**  
1600 Los Gatos Dr., Suite  
345 San Rafael, CA 94903  
info@marinwildfire.org

**CLAIM FOR MONEY OR  
DAMAGES AGAINST  
THE MARIN WILDFIRE  
PREVENTION  
AUTHORITY**

RESERVE FOR FILING STAMP

CLAIM NO.: \_\_\_\_\_

Pursuant to Government Code section 911.2, all claims for injury or damage to persons or personal property must be presented to the Authority within six (6) months of the incident. Claims for all other damages, including damage to real property, must be presented within one (1) year of the incident.

A claim must be presented, as prescribed by the Government Code of the State of California, by the claimant or a person acting on his/her behalf and shall show the following:

**If additional space is needed to provide your information, please attach sheets, identifying the paragraph(s) being answered.**

1. Name and address of Claimant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

2. Name and address to which the person presenting the claim desires notices to be sent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted:

Date of Occurrence: \_\_\_\_\_

Time of Occurrence: \_\_\_\_\_

Location: \_\_\_\_\_

Circumstances giving rise to this claim: (What happened and how is the Authority at fault?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. General description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of the presentation of the claim: (What are your damages or injuries?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The name or names of the public employee or employees causing the injury, damage, or loss, if known.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **If amount claimed totals less than \$10,000:** State the dollar amount and basis for computation (amount of damage or injury and how you came to that amount):

---

---

---

**If amount claimed exceeds \$10,000:** Do not state an amount. Check one of the following boxes:

☐ Limited Civil Case (less than or equal to \$35,000) ☐ Unlimited Civil Case (more than \$35,000)

**Warning:** Presentation of a false claim is a felony (Penal Code §72). Pursuant to CCP §1038, the Authority/Agency may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause.

Signature: \_\_\_\_\_

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

**You are required to provide the information requested above in order to comply with Government Code §910.**

**In order to assist the Authority in its investigation of your claim, the following additional information is requested (but not required):**

7. Claimant(s) Date(s) of Birth:

---

8. Name, address and telephone number of any witnesses to the occurrence or transaction which gave rise to the claim asserted:

---

---

---

9. If the claim relates to an automobile accident:

Claimant(s) Auto Ins. Co.:

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Policy No.: \_\_\_\_\_

Insurance Broker/Agent:

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Claimant's Veh. Lic. No.:

Vehicle Make/Year: \_\_\_\_\_

Claimant's Drivers Lic. No.:

Expiration: \_\_\_\_\_

*If applicable, please attach any repair bills, estimates or similar documents supporting your claim.*

I certify under penalty of perjury that the foregoing is true and correct.

**Warning:** Presentation of a false claim is a felony (Penal Code §72). Pursuant to CCP §1038, the City/Agency may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause.

I certify under penalty of perjury that the foregoing is true and correct.

Signature:

Date:

---