



CLAIM AGAINST THE LAKESIDE UNION SCHOOL DISTRICT

ADDRESS: 12335 Woodside Ave, Lakeside, CA 92040

CLAIMANT Name: _____ Phone: _____

Mailing Address: _____

INSTRUCTIONS

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.

1. OCCURRENCE OR TRANSACTION CAUSING THIS CLAIM:

Date: _____ Time: _____ Location: _____

2. STATEMENT OF INCIDENT: (Specify the particular act or omission you claim caused the injury, damage or loss, if known)

3. DESCRIPTION OF CIRCUMSTANCES: Statement of how the district or its employees were at fault (include names of persons causing injury, damage or loss – if not known, state “not known”)

4. DESCRIPTION OF INCURRED INDEBTEDNESS, OBLIGATION, INJURY, DAMAGE OR LOSS:

a. GENERAL DESCRIPTION:

(So far as known as of the date of this claim)

c. NAME OF PERSON INJURED:

DESCRIPTION OF PERSONAL INJURY

d. NAME OF PROPERTY OWNER: _____

DESCRIPTON OF PROPERTY DAMAGE: _____

b. NAME OF PERSON/S CAUSING THE ABOVE: _____

5. CLAIM:

a. AMOUNT CLAIMED AS OF DATE OF THIS CLAIM

\$ _____

b. ESTIMATED AMOUNT OF ANY PROSPECTIVE

INJURY, DAMAGE, OR LOSS: \$ _____

c. TOTAL AMOUNT OF CLAIM: \$ _____

(Attach estimates or bills in support of claim.)

d. BASIS OF COMPUTATION OF AMOUNT CLAIMED: _____

6. EYEWITNESSES, ATTENDING PHYSICIAN, HOSPITAL, ETC...

NAME

ADDRESS

TELEPHONE

NAME	ADDRESS	TELEPHONE

SIGNATURE OF CLAIMANT: _____ DATE OF CLAIM: _____

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 AS NECESSARY)