

SUBMIT TO: Richardson's Bay Regional Agency
3501 Civic Center Drive, Room 308
San Rafael, CA 94903

CLAIM FORM - RICHARDSON'S BAY REGIONAL AGENCY

Name of Claimant: _____

Address: _____
Street Number City State Zip

Phone Number(s) _____ Email _____

Mailing Address for All Notices: (If same as above, insert "same")

Date of Injury, Damage, or Loss: _____

Place of Injury, Damage or Loss: (Exact location) _____

General Description of Injury, Damage or Loss and Circumstances that Gave Rise to the Claim:

Why is the Richardson's Bay Regional Agency Responsible for the Alleged Injury, Damage, or Loss?

Name(s) of Richardson's Bay Regional Agency Employee(s) Causing Alleged Injury, Damage, or Loss, if known:

Witnesses:

Name	Address	Phone	Email
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Name	Address	Phone	Email
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Amount of Claim: \$ _____

(Attach supporting bills or basis of computation of amount claimed)

DATED: _____

CLAIMANT'S SIGNATURE: _____