



**Damages Claimed:**

❖ Amount Claimed as of this date: \$ \_\_\_\_\_

❖ Estimated amount of future costs: \$ \_\_\_\_\_

❖ Total Amount Claimed: \$ \_\_\_\_\_

**Basis for computation of amounts claimed (Please attach copies of all bills, invoices, estimates, etc):**

\_\_\_\_\_

Damaged vehicle if applicable: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN No.: \_\_\_\_\_ Mileage: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Is vehicle a company vehicle, if so give name and address of company: \_\_\_\_\_

Any additional information that might be helpful in considering this claim: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Please read claim thoroughly.
2. Fill out claim as indicated; attach additional information if necessary.
3. This Claim form **MUST be signed** by claimant or on behalf of the claimant.
4. Completed claims must be mailed or returned to:

**County of Imperial  
Clerk of the Board of Supervisors  
940 West Main Street, Suite 209  
El Centro, CA. 92243**

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (Penal Code Section 72)**

I HAVE READ THE MATTERS AND STATEMENTS MADE IN THE ABOVE CLAIM AND I KNOW THE SAME TO BE TRUE OF MY OWN KNOWLEDGE, EXCEPT AS TO THOSE MATTERS STATED UPON INFORMATION OR BELIEF AND AS TO SUCH MATTERS, I BELIEVE THE SAME TO BE TRUE. I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Claimant's Signature	Print or type name	Date
----------------------	--------------------	------

DATE STAMP