

CLAIM FORM

File with:

A.G. Kawamura, Secretary
California Department of Food and Agriculture
1220 N Street
Sacramento, CA 95814

Name of Claimant: _____

Home Address: _____

Date of Birth: _____

City, State, Zip: _____

Daytime: _____ Evening _____ Cell/Pager: _____

Type of Loss: ___Personal Injury ___Other ___Property Damage_

When did injury or damage occur?

Where did injury or damage occur?

How did injury occur?

What action or inaction of Department employee(s) caused your injury or damage?

What injury or damage did you suffer?

Name of any witness:

Name of California Department of Food and Agriculture employee(s) involved?

State the amount claimed: Personal Injury _____ Property Damage _____ Other _____

NOTE: Please attach copies of supporting documentation of the amounts claimed

ALL NOTICES AND/OR COMMUNICATION SHOULD BE SENT TO:

Name (Mr./Mrs./Ms.) _____ Daytime Phone _____

Address (Street, City, State, Zip) _____

Warning: California State law generally requires that most claims against a public entity, such as the California Department of Food and Agriculture within SIX (6) MONTHS from the date of the action or incident giving rise to the claim. Certain other claims must be filed within ONE (1) YEAR from the action or incident. You should check the Government Code to determine what presentation period applies in your case.

Signature

Title

Date