



FILING A CLAIM AGAINST
SACRAMENTO METROPOLITAN FIRE DISTRICT

Filing a Claim Against Sacramento Metropolitan Fire District

Claims MUST be filed at the following location:

Sacramento Metropolitan Fire District
Attention: Clerk of the Board
10545 Armstrong Avenue, Suite 200
Mather, California 95655

Questions regarding the claims process should be referred to:

Clerk of the Board
Sacramento Metropolitan Fire District
(916) 859-4305

You must file your claim form, by mail or in person, with The Clerk of the Board, Sacramento Metropolitan Fire District, 10545 Armstrong Avenue, Suite 200, Mather, California 95655, **within the time limits prescribed by Government Code Section 911.2**, which states: "A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than one year after the accrual of the cause of action."

The claim shall be signed by you or by some person on your behalf, and shall include all of the information required by Government Code Section 910.

Completing the Claim Form

You will need to provide the following information if you are submitting a claim to Sacramento Metropolitan Fire District:

1. Claimant Name: Full name of the person claiming injury or damages.
2. Date of Birth: Date the claimant was born. Sacramento Metropolitan Fire District must know if the claim is being filed by, or on behalf of, a minor.
3. Claimant's Address: Current address of the person claiming injury or damages.
4. Address Where Notices Are to Be Sent: The address to which correspondence pertaining to the claim will be sent, if different from #3.
5. Phone Numbers: Provide current home and work phone numbers. If you have a mobile phone, please provide that as well.
6. Amount of Claim: Enter the total amount of your claim if it totals less than Ten Thousand Dollars (\$10,000.00) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of presentation of the claim. Please provide the basis for computation of the amount claimed. If the claim is in excess of Ten Thousand Dollars (\$10,000.00), no dollar amount shall be included. Please indicate claim exceeds Ten Thousand Dollars (\$10,000.00) and whether it would be a limited civil case.
7. Date of Accident/Incident/Loss: The exact date of the Accident/Incident/Loss that caused your alleged damage or injury.
8. Location of Accident/Incident/Loss: Please provide a specific location where the Accident/Incident/Loss that caused your alleged damage or injury occurred. Include as much information as you can with respect to the location. This is vital to the investigation of your claim.
9. How Did this Accident/Incident/Loss Occur? Provide a detailed account of the events that led up to your alleged damage or injury. Include all information that you believe supports your claim that Sacramento Metropolitan Fire District is responsible for your alleged damage/injury.
10. Describe Damage/Injury/Loss: Provide a detailed account of your alleged damage or injury that resulted from the Accident/Incident/Loss.
11. Name(s) of Public Employees Causing Damage/Injury/Loss (if known): Please list the name(s) of Sacramento Metropolitan Fire District employee(s) that allegedly caused your damage or injury, if known.
12. Signed by, or For, The Claimant: A claim may be presented by the claimant, or by a person acting on his/her behalf. The person that presented the claim to Sacramento Metropolitan Fire District for consideration should sign this form.

If you have any questions regarding the claims process, please contact the Sacramento Metropolitan Fire District – Clerk of the Board at 916-859-4305.

May file in person, or mail form to:
Sacramento Metropolitan Fire District
Attention: Clerk of the Board
10545 Armstrong Avenue, Suite 200
Mather, CA 95655

Please keep one (1) copy for your records - Print/Type Only

CLAIM AGAINST SACRAMENTO METROPOLITAN FIRE DISTRICT

1. Claimant's Name _____ 2. Date of Birth _____
Last First M.I.

3. Claimant's Address

Street (or P.O. Box) City State Zip Code

4. Address Where Correspondence Should Be Sent (if different from above)

Name

Street (or P.O. Box) City State Zip Code

5. Phone Number (_____) _____ (_____) _____
Home Work
(_____) _____ (_____) _____
Cell Other

6. Amount of Claim \$ _____

Describe basis for computation of amount claimed _____

7. Date of Accident / Incident / Loss: _____

8. Location of Accident / Incident / Loss: _____

9. Provide your description of how the Accident / Incident / Loss Occurred:

10. Describe Damage / Injury / Losses being claimed (including prospective Damage / Injury / Losses to the extent it is known at the time of claim filing):

11. Name(s) of Public Employee(s) involved, if known

Section 72 of the Penal Code states: "Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both such imprisonment and fine, or by imprisonment in the state prison, or by a fine not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine."

13. Signature of Claimant/Representative:

Date: _____

You must present your claim within the time prescribed by Govt. Code Section 911.2