



**Manhattan Beach
Unified School District**

325 S. Peck Avenue, Manhattan Beach, CA 90266
(310) 318-7345

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

Name of Claimant: _____	
Phone: _____	Age: _____
Address: _____	City: _____ Zip: _____
Address to which notices should be sent: _____	

When did damage or injury occur: _____

Where did damage or injury occur: _____

What particular action by the school or its employees caused the alleged damage or injury:
(Include names of employees, if known.)

What sum do you claim? Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed: (Attach estimates or bills, if possible).

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Amount Claimed \$ _____

Names and addresses of witnesses, doctors and hospitals: _____

Date: _____ Signature of Claimant: _____

NOTICE: Section 72 of the California Penal Code provides: "Every person who, with intent to defraud, presents for payment to any School District any false or fraudulent claim is guilty of a felony punishable by fine and/or imprisonment."
