

CENTRAL MARIN SANITATION AGENCY | 1301 Andersen Drive, San Rafael, CA 94901 | Phone 415-459-1455 | Fax 415-459-3971

## CENTRAL MARIN SANITATION AGENCY CLAIM FORM

NAME OF CLAIMANT:		
ADDRESS:		
CITY:	STATE:	ZIP:
BUSINESS PHONE:		
NAAHING ADDDECC (if come co	alance in south "source"\	
	above, insert "same"):	
ADDRESS:	CTATE	710.
CITY:	STATE:	ZIP:
Date of Injury, Damage or Loss	s:	
Place of Injury, Damage or Los	ss:	
	(Exact Location)	
Consul Description of interest		-1
General Description of Injury,	damage or loss and circumstance which gave rise to the cla	aim:
Mby is the Control Marin Cani	tation Agangu rasponsible for the allogad injury damage of	r loss?
why is the Central Marin Sani	tation Agency responsible for the alleged injury, damage or	riossr
Name (a) of Control Marin Cons	thatian Assume and a control of the	an lane of his access
Name(s) of Central Marin Sani	itation Agency employee(s) causing alleged injury, damage	or loss, it known:
Witness(es)please include na	ame, address and phone number:	
2		
3		
Amount of claim: \$		
	is of computation of amount claimed)	
(	,	
	SUBMIT TO:	
	Recording Secretary, Board of Commissioners	
	Central Marin Sanitation Agency	
	1301 Andersen Drive	
	San Rafael, CA 94901	
CLAIRAANT'S SIGNATURE		DATED:
CLAIMANT'S SIGNATURE:		DATED: