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 *** COB USE ONLY ***

CLERK OF THE BOARD
 COUNTY OF ORANGE
 BOARD OF SUPERVISORS

9. Jail Booking Number: n/a Police Agency/Report Number: n/a

10. Describe the damage/injury/loss incurred so far as is known as of the time of this claim:

Damage to real property, personal property, agricultural, alternative living expenses, lost income,

loss of use, non-economic damages, personal injury, attorneys fees and costs, prejudgment interest, and other harm, as applicable.

Damages are ongoing.

11. Name(s) of County employee(s) causing damage/injury/loss, if known: _____

Employees or agents of the Orange County Public Works are reported to have started the fire. Names not currently known.

12. License number of County vehicle (if applicable): Unknown at this time.

13. Name, address and phone number of any and all witnesses known: _____

Unknown at this time.

14. Any additional information that may assist us in evaluating your claim: n/a

DAMAGES CLAIMED

15. a. If the amount claimed is less than \$10,000:

Amount claimed to present: \$ n/a

Estimated amount of any prospective damage/injury/loss: \$ _____

TOTAL AMOUNT CLAIMED: \$ _____

b. If the amount claimed exceeds \$10,000, would the case be a limited civil case (\$35,000 or less)?

Check one: Yes _____ No X

c. Basis of computation of the amount of damages (Please attach any estimates and/or receipts):

Damage to real property, personal property, agricultural, alternative living expenses, lost income, loss of use, non-economic damages, personal injury, attorneys fees and costs, prejudgment interest, and other harm, as applicable.

Damages are ongoing.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (PENAL CODE § 72)

I have read the matters and statements in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information and 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.



October 30, 2024

Signature of Claimant/Claimant's Representative

Date

THIS CLAIM FORM MUST BE SIGNED!!