

SACRAMENTO HOUSING AND REDEVELOPMENT AGENCY

CLAIM AGAINST THE AGENCY [Government Code Section 910]

Please provide information as requested below. If more is needed, please label attached responses
I MAKE THE FOLLOWING CLAIM AGAINST THE FOLLOWING AGENCY OR AGENCIES:

- Housing Authority of the City of Sacramento
- Housing Authority of the County of Sacramento
- Sacramento Housing and Redevelopment Agency

With regard to the occurrence or transaction which led to the claim:

Date: _____ Time: _____

Location: _____

Circumstances which led to claim: _____

General description of the injury, damage, loss, indebtedness or obligation: _____

Name of the public employee(s) who caused the injury, damage or loss (if known): _____

Name and telephone numbers or addresses of witnesses [optional]: _____

If claim is under \$10,000, amount claimed including estimated future losses: _____

Basis and method of computing claim: _____

Claim over \$10,000, jurisdiction is in Municipal Court (\$25,000 or less) Superior Court (over \$25,000).

Dated: _____

Claimant: _____

Claimant's Name, Address and Telephone: _____

Representative's Name, Address and Telephone: _____

