

NOTICE OF CLAIM BY CITIZEN TO AN IDAHO PUBLIC HEALTH DISTRICT

TO: **SECRETARY OF HEALTH DISTRICT**
(SEE HEALTH DISTRICT WEBSITE FOR ADDRESS)

Name of Claimant: _____
Residence Address: _____
Mailing Address: _____
City, State and Zip: _____
Phone Number: _____

In compliance with Title 6, Chapter 9 of the Idaho Code*, the undersigned hereby presents a claim against the State of Idaho for damages arising out of an occurrence which happened as follows:

1. Date and Time: _____
2. Place or Location: _____
3. Cause of damages: (Describe the details and circumstances of the accident or occurrence.) _____

4. Witness:

<u>Name:</u>	<u>Address:</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
5. Amount of Claim: \$_____ (Attach all bills or other substantiating information as to the amount of your claim. In the case of vehicle damage, please obtain two (2) estimates.) _____
6. Personal Injury: (Please describe the extent of your injury, your attending physician, the place of emergency treatment, etc.) _____

7. Property Damage: (Describe the property damage) _____

Dated this _____ day of _____, 20____.

Signature _____

* Please see Idaho Code § 6-901 through 6-929. Claims must be filed within 180 days of the date the claim arose or should have been reasonably discovered.