Exhibit 100-D-1A—Notice of Insufficiency

Form Letter #1
Alternative A
[Letterhead and Date]

NOTICE OF INSUFFICIENCY

Dear

      Your claim, which was received by the [insert title of Board or Officer] on [date], failed to comply substantially with certain Government Code sections. It was insufficient for the following reasons:

[Give reasons for insufficiency]

      For your information, consult Sections 910, 910.2, 910.4 and 910.8 and other sections of the Government Code pertaining to the filing of the claims against a public entity. Due to certain time requirements filing claims, these deficiencies should be corrected immediately.

_____
Signature

_____
Title

Exhibit 100-D-1B—Notice of Insufficiency

Form Letter #1
Alternative B
[Letterhead and Date]

NOTICE OF INSUFFICIENCY

Dear

       This is to advise you that your claim against <u>the [insert title of Board or Officer]</u> is being returned. The claim fails to substantially comply with the requirements of California Government Code Sections 910 or 910.2; it is insufficient for the reason(s) checked below:

- ☐ The claim fails to state a cause of action.
- ☐ The claim fails to state the name and post office address of the claimant.
- ☐ The claim fails to state the post office address to which the person presenting the claim desires notice to be sent.
- ☐ The claim fails to state the date/place/or other circumstances of the occurrence or transaction that gave rise to the claim presented.
- ☐ The claim fails to state the injuries, damages or losses believed to have been incurred as a result of the incident.
- ☐ The claim fails to state the name(s) of the public employee(s) causing the injury, damage or loss (if known).
- ☐ The claim fails to state the amount claimed as of the date of presentation, the estimated amount of any prospective injury or loss so far as known, or the basis of computation of the amount claimed.
- ☐ The claim is not signed by the claimant or by some person on his/her behalf.
- ☐ Other, specifically: _____.

_____
Signature

_____
Title