

HOW TO USE THE CLAIM PRESENTMENT FORM**

- 1. Provide a detailed description of what happened and why it is unfair.**
 - Include all relevant facts. For example: explain if you did not receive invoices, you were double-billed, you were denied fair review, you were unable to pay the full amount before seeking review, and any other way you were unfairly treated.
- 2. Include a copy of all relevant documents.** These include toll invoices, Fastrak violation notices, Fastrak statements, DMV notices, dispute forms, and letters.
 - Include any documents that show Fastrak errors. For example, if Fastrak sent mail to the wrong address, include a copy of your DMV registration showing the correct address.
 - Include any documents that show you tried to dispute the charges.
- 3. Print and sign** the letter.
- 4. Make copies of the signed letter and all the included documents.**
- 5. Use certified return-receipt mail to send the signed letter and all the included documents.** Send one copy to Bay Area Toll Authority, one copy to Golden Gate Highway and Transportation District, and one copy to the Fastrak Customer Service Center. The addresses are shown on the letter.
- 6. Keep one copy of the signed letter and all the included documents for yourself. Also keep the receipt from the post office. When you get the green certified mail card from the post office, keep that too.**

Do not include these instructions when you send the letter.

**The use of the use of the template does not create an attorney-client relationship with Gutride Safier LLP. Depending on your circumstances, you may wish to seek independent legal counsel regarding your claims. GSLLP makes no representations regarding the efficacy of using the template.

VIA CERTIFIED U.S. MAIL, RETURN RECEIPT

Date: _____

Bay Area Toll Authority
101 Eighth Street
Oakland, CA 94607

Golden Gate Bridge, Highway and Transportation District
P.O. Box 9000, Presidio Station
San Francisco, CA 94129-0601

Conduent State and Local Solutions Inc.
Bay Area FasTrak Customer Service Center
P.O. Box 26926
San Francisco, CA 94126

Pursuant to California Government Code 910, *et seq.*, I give notice of my claim for damages against the above entities. I was injured by their arbitrary and capricious actions in the processing, review, and collection of toll evasion violation penalties.

My name is _____. My mailing address is _____.
My car registration is from the state of _____ and has license plate number _____. [If applicable: I have a FasTrak account number _____.] I do not currently know the name(s) of the individual(s) responsible for my injuries.

The reason for my claim is [continue on additional pages as needed]:

I have attached documents to support my claim.

Signed: _____

Print Name: _____