



# SCHOOL & COLLEGE LEGAL SERVICES OF CALIFORNIA

*A Joint Powers Authority  
serving school and  
college districts  
throughout the state.*

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January 15, 2016

**To: Superintendents/Presidents/Chancellors, Member Community  
College Districts**

**From: Steven P. Reiner, Assistant General Counsel** 

**Subject: Public Agency Statement of Facts  
Memo No. 01-2016(CC)**

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The Roster of Public Agencies is a public list of basic facts about a community college district.

1. The full, legal name of the public agency;
2. The official mailing address of the governing body;
3. The name and residence or business address of each member of the governing body; and
4. The name, title, and residence or business address of the chairman, president, or other presiding officer, and clerk or secretary of the governing body.

Potential tort claimants against a district can use the list to find names and addresses for filing a governmental tort claim with a district. The timely filing of a governmental tort claim with a district is a condition to being able to pursue a tort lawsuit against that district.

The consequences of failing to maintain the currency of this factual information can be significant. Tort claimants may be allowed to file lawsuits without first filing timely governmental claims with the district if the basic facts listed above are significantly inaccurate or incomplete. An increase in the number of potential lawsuits places the district and board members at unnecessary risk.

Government Code Section 53051 requires every community college district to file a Statement of Facts about the district with the California Secretary of State and with the county clerk of each county in which the district maintains an office after it comes into existence and to periodically amend that Statement of Facts.



Subsection (b) of Section 53051 requires districts to file an amended Statement of Facts **within 10 days** after a change in any of these basic facts. As a result of the recent elections and appointments of new board members, community college districts may be welcoming new trustees to their boards (See fact #3 above). Organizational meetings may result in a change in the presiding officer (See fact #4 above). If there are changes in the district facts listed above, it is important that you file an amended Statement of Facts with the Secretary of State and with the county clerk of each county where the district maintains an office. Failure to do so could relieve a claimant of the duty to comply with the Government Tort Claims Act and increase district exposure to lawsuits.

Attached is a copy of Government Code Section 53051, and a Statement of Facts form.

The Legal Update is a service provided by School and College Legal Services exclusively to our member clients.

Please contact our office with questions regarding this Legal Update or any other legal matter.

Attachments: Government Code section 53051  
Statement of Facts form

*The information in this Legal Update is provided as a summary of law and is not intended as legal advice. Application of the law may vary depending on the particular facts and circumstances at issue. We, therefore, recommend that you consult legal counsel to advise you on how the law applies to your specific situation.*

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**State of California**

**GOVERNMENT CODE**

**TITLE 5. LOCAL AGENCIES**

**DIVISION 2. CITIES, COUNTIES, AND OTHER AGENCIES**

**PART 1. POWERS AND DUTIES COMMON TO CITIES, COUNTIES, AND  
OTHER AGENCIES**

**CHAPTER 1. GENERAL**

**Article 3. Roster of Public Agencies**

**§ 53051**

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53051. (a) Within seventy (70) days after the date of commencement of its legal existence, the governing body of each public agency shall file with the Secretary of State on a form prescribed by the Secretary of State and also with the county clerk of each county in which the public agency maintains an office, a statement of the following facts:

1. The full, legal name of the public agency.
2. The official mailing address of the governing body of the public agency.
3. The name and residence or business address of each member of the governing body of the public agency.
4. The name, title, and residence or business address of the chairman, president, or other presiding officer, and clerk or secretary of the governing body of such public agency.

(b) Within 10 days after any change in the facts required to be stated pursuant to subdivision (a), an amended statement containing the information required by subdivision (a) shall be filed as provided therein. The information submitted to the Secretary of State shall be on a form prescribed by the Secretary of State.

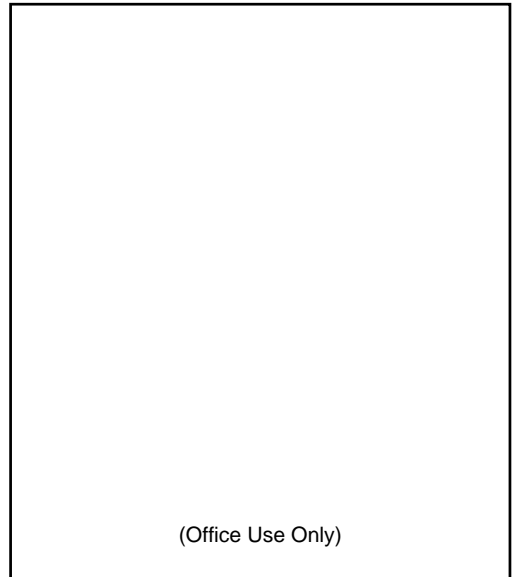
(c) It shall be the duty of the Secretary of State and of the county clerk of each county to establish and maintain an indexed "Roster of Public Agencies," to be so designated, which shall contain all information filed as required in subdivisions (a) and (b), which roster is hereby declared to be a public record.

(Amended by Stats. 1990, Ch. 210, Sec. 1.)



# State of California Secretary of State

## STATEMENT OF FACTS ROSTER OF PUBLIC AGENCIES FILING (Government Code section 53051)



(Office Use Only)

Instructions:

1. Complete and mail to: Secretary of State,  
P.O. Box 942870, Sacramento, CA 94277-2870 (916) 653-3984
2. A street address must be given as the official mailing address or as the address of the presiding officer.
3. Complete addresses as required.
4. If you need additional space, attach information on an 8½" X 11" page, one sided and legible.

New Filing  Update

Legal name of Public Agency: \_\_\_\_\_

Nature of Update: \_\_\_\_\_

County: \_\_\_\_\_

Official Mailing Address: \_\_\_\_\_

Name and Address of each member of the governing board:

**Chairman, President or other Presiding Officer** (Indicate Title): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Secretary or Clerk** (Indicate Title): \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Members:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

RETURN ACKNOWLEDGMENT TO: (Type or Print)

NAME [ ]

ADDRESS [ ]

CITY/STATE/ZIP [ ]

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Typed Name and Title