



SCHOOL & COLLEGE LEGAL SERVICES OF CALIFORNIA

*A Joint Powers Authority
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LEGAL UPDATE

January 23, 2019

To: Superintendents, Member School Districts (K-12)

From: Steven P. Reiner *SPR*
Associate General Counsel

Subject: Public Agency Statement of Facts
Memo No. 04-2019

The Roster of Public Agencies is a public list of basic facts about a school district which includes the following:

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 claimants can use the list to find names and addresses for filing a claim under the Government Claims Act with a district. The timely filing of a governmental claim with a district is a precondition to filing a lawsuit against that district.

The consequences of failing to maintain the accuracy of this factual information can be significant. 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.

Government Code section 53051 requires every school district to file a Statement of Facts about the district with the California Secretary of State¹ 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.

¹ A copy of this form can be found at <https://bpd.cdn.sos.ca.gov/sf/forms/np-sf-405.pdf>, or by filling out the attached PDF.



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. Some school districts may be welcoming new members to their boards as a result of recent elections and will have new appointments of board members (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 for each county where the district maintains an office. Failure to do so could relieve a claimant of the duty to comply with the Government Claims Act and increase district exposure to lawsuits.

Districts must ensure they are using their full legal name when filing and not an abbreviated acronym.

To ensure your Statement of Facts is properly filed, we advise either using U.S. certified mail, return receipt requested, or by sending an extra copy with a postage paid envelope and cover letter asking for a file endorsed copy.

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

This 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.

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

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