

Claim Form

(A claim shall be presented by the claimant or by a person acting on his behalf.)

NAME OF DISTRICT: Calaveras County Water District	
1	Claimant name, address (mailing address if different), phone number, social security number, and date of birth.
	Name: _____ Phone Number: () _____
	Address(es): _____ _____
	Social Security Number: _____ Date of Birth: _____
2	List name, address, and phone number of any witnesses.
	Name: _____
	Address: _____ Phone Number: () _____
3	List the date, time, place, and other circumstances of the occurrence or transaction, which gave rise to the claim asserted.
	Date: _____ Time: _____ Place: _____
	Tell What Happened (give complete information): _____ _____ _____ _____ _____
	NOTE: Attach any photographs you may have regarding this claim.
4	Give a general description of the indebtedness, obligation, injury, damage, or loss incurred so far as it may be known at the time of presentation of the claim. _____ _____
	5 Give the name or names of the public employee or employees causing the injury, damage, or loss, if known. _____ _____
6	The amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed. If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case. _____ _____
	Date: _____ Time: _____ Signature: _____
ANSWER ALL QUESTIONS. OMITTING INFORMATION COULD MAKE YOUR CLAIM LEGALLY INSUFFICIENT!	