

CLAIMS FORM

Agency: Nipomo Community Services District
P O Box 326, Nipomo, CA 93444

(805) 929-1133
FAX (805) 929-1932

Date Claim Received:

Please fill out below

This form is pursuant to Government Code Section 910.4.(a)

1. Claimant's Name: _____ Date of Birth: _____ Daytime Phone: (____) _____
2. Claimant's Address: _____
3. Email Address _____
4. Claimant's SSN: _____ Home Phone: (____) _____
5. Date of Loss: _____ Time of Loss: _____
6. Location of Loss (Specify in as much detail as possible, example, 5 feet east of west corner of Elmira Road and Peabody): _____

7. Description of incident or accident which caused you to make this claim: _____

8. What specific injury, damages or other losses did you incur? _____

9. What amount of money or damages are you seeking to recover? _____
Basis for computation: _____
10. How was this amount calculated? (Itemize and attach bills, repair estimates, receipts, etc.; if claim is for vehicle damage, obtain and attach two (2) repair estimates): _____

11. What is your basis for claiming that the District or District employee(s) are the cause of your injury, damages or loss? _____

12. What are the name(s) of the District employee(s) whom you allege caused your injury, damages or loss, if known? _____

13. Name, address and phone number of any witnesses who can substantiate your claim: _____

14. Any additional information that you believe might be helpful to the District in considering this claim: _____

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15. All notices and communications with regard to this claim will be directed to the Claimant shown in lines 1 and 2 above unless you complete the following to identify to whom further communication should be directed:

Name: _____

Relationship: _____

Address: _____ State: _____ ZIP: _____

Email Address: _____

Daytime Phone: _____ Home Phone _____

Section 72 of the Penal Code provides that "every person who, with intent to defraud, presents for allowance or for payment to any State Board or Officer, or to any county, town, city, district, board or officer, authorized to allow or pay the same of a felonv."

Claimant Printed Name

Claimant Signature

Date Signed

(Note: If the claim is filed by someone on behalf of the claimant, the person making the claim on behalf of the claimant should sign above.)

Completed Claims Forms must be submitted by personal delivery or by United States mail.