

# CLAIM FOR DAMAGES

Against Central Basin Municipal Water District

CLAIMS MUST BE FILED WITH THE DIRECTOR OF ADMINISTRATION AND BOARD SERVICES.  
PLEASE MAIL OR DELIVER ORIGINAL WITH SUPPORTING DOCUMENTS TO:

**DIRECTOR OF ADMINISTRATION AND BOARD SERVICES**  
**6252 TELEGRAPH ROAD**  
**COMMERCE, CA 90040**

Name of Claimant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver License # \_\_\_\_\_

Home Address of Claimant \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Telephone # \_\_\_\_\_

Name, Address and Telephone to which notices/communications are to be sent regarding this claim *(if different from above)* \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_ Exact Location of Occurrence \_\_\_\_\_  
: \_\_\_\_\_  AM  
\_\_\_\_\_  PM  
Month Day Year \_\_\_\_\_

Claim is for: \_\_\_\_\_ Total Amount of Claim *(include estimated amount of any prospective injury or damage)*: \_\_\_\_\_

Death/Injury  Personal Property

Real Property

Other: \_\_\_\_\_

How was the claim computed? *(Be specific. List bills/payments, estimates, etc.)*

If this claim is for damage to property, are you the legal owner of said property?  Yes  No  
If NO, please provide the name and address of the property owner: \_\_\_\_\_

What happened? *(attach additional page if needed)*

Why is Central Basin Municipal Water District responsible?

Were the Police at the scene?  Yes  No If YES, please provide police report number: \_\_\_\_\_

Name and Phone Numbers of Witnesses: \_\_\_\_\_

Name of District Employee(s) Involved: \_\_\_\_\_

If District Employee(s) was involved, please state the act or omission on the employee's part that contributed to the injury/damage? \_\_\_\_\_

If District vehicle was involved, please provide license number and make/model of vehicle: \_\_\_\_\_

Has this claim been reported to an Insurance Company?  Yes  No If YES, please provide:

Insurance Company Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Claims Representative Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Additional information related to claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_  
Signature of Claimant or Person Acting on Claimant's Behalf

**Please remember to:**

- Attach all supporting documents to claim form**
- Retain copies for your records**
- Submit original form with supporting documents via mail or directly to the Director of Administration and Board Services**

**Notice: Penal Code section 72 states: "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, ward or village board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is guilty of a felony."**

**This document is a Public Record and may be disclosed/released pursuant to the California Public Records Act.**

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**FOR DISTRICT USE ONLY**

**Date Received:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Recorded by:** \_\_\_\_\_

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