

CLAIM AGAINST EL DORADO IRRIGATION DISTRICT

(For damages to person and/or property in accordance with Government Code §900 et seq)

Claims must be filed with the District within six (6) months of the accrual of the event.

Form must be placed in the US Mail or personally delivered

Provide all the following and attach additional sheets, if necessary:

1. The name, post office address and telephone number of the Claimant. _____

2. The post office address to which the person presenting the claim desires notices to be sent:

3. 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. Attach additional pages, if necessary: _____

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. State the amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including 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 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, indicate whether the claim would be a limited civil case (less than \$25,000).

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code 72; Insurance Code 556.1)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or behalf and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this _____ day of _____, 20____ at _____

Sign here: _____

Send To: Claims Administrator
El Dorado Irrigation District
2890 Mosquito Road
Placerville, CA 95667

Filed by District _____ Claim Number _____