ADMINISTRATIVE SERVICES DEPARTMENT

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CLAIMS FORM

Agency Name: COSUMNES COMMUNITY SERVICES DISTRICT

Date Claim Received: _____

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

1. Claimant's Name: _____ Date of Birth: _____ Daytime Phone: (____) _____

2 Claimant's Address: _____

3. Claimant's SSN: _____ Home Phone: (____) _____

4. Date of Incident/Accident: _____ Date injuries, damages or losses were discovered: _____

5. Location of Loss (Specify in as much detail as possible, example, 5 feet east of west corner of Elmira Road and Peabody): _____
_____
_____

6. What did entity or employee do to cause this injury, damage or loss: _____
_____
_____
_____

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

8. What amount of money is claimant seeking or, if the amount is in excess of $10,000, which is the appropriate court of jurisdiction. Note: If Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" [see Government Code 910(f)] _____

_____

9. 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):
_____
_____

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

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

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

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

14. 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: _____
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 if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is guilty of a felony.".

_____	_____	_____
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.