

## CLAIMS FORM

Agency Name: McKinleyville Community Services District

Date Claim Received: \_\_\_\_\_

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

1. Claimant's Name: \_\_\_\_\_

2. Claimant's Address: \_\_\_\_\_

3. Claimant's SSN: \_\_\_\_\_ Home Phone:( \_\_\_\_\_)

4. Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_

5. Location of LOSS (Specify in as much detail as possible, i.e., 5 feet east of west corner of Elmira Road and Peabody).

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6. Description of incident or accident which caused you to make the claim:

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

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8. Basis for computation: \_\_\_\_\_

9. How was this amount calculated: (Itemize and attach basis, repair estimates, receipts, etc. If claim is for vehicle damage, obtain and attach two (2) repair estimates):

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10. What is your basis for claiming that the MCSD or MCSD Employee(s) are the causes of your injury, damages or loss?

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11. What are the name(s) of the City 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 MCSD in considering this claim: \_\_\_\_\_

14. All notices and communications with regard to this claim will be directed to the Claimant shown in line 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’s Printed Name                      Claimant’s 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 Claim Forms must be submitted by personal delivery or by United States mail.

c:claims\_claims form

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