

Trabuco Canyon Water District

Claim Form

This form is provided pursuant to Government Code Section 910.4 and shall be used by any person presenting a claim to the Trabuco Canyon Water District under Government Code Sections 900 et seq.

Section 1: Claimant Information

Full Name of Claimant (Please Print) (_____) Telephone Number
(Area Code)

Mailing Address City State Zip Code

Section 2: Notices

The person presenting this claim desires that notices be sent to the following address:

Mailing Address City State Zip Code

Section 3: Claim Information

Date of the occurrence or transaction which gave rise to the claim _____

Month Day Year

If applicable - time of occurrence or transaction: _____.M.

Provide the location of the occurrence or transaction which gave rise to this claim. If applicable, include street address, city or county, highway number, mile post number and direction of travel.*

Describe the circumstances of the occurrence or transaction which gave rise to this claim. (Give complete information).*

Provide a general description of the indebtedness, obligation, injury, damage or loss incurred as far as known at the time of presentation of this claim.*

Provide the name(s) of the Trabuco Canyon Water District employee(s) causing the injury, damage, or loss, if known.*

* *If additional space is needed for any of the required information, please attach additional sheets.*

If this claim is for an amount less than or equal to ten thousand dollars (\$10,000) (including the estimated amount of any prospective injury, damage, or loss, insofar as known at the time of presentation of this claim), specify the amount claimed and the basis of computation of the amount claimed:

Amount Claimed: \$ _____

Basis for computation: _____

If the amount claimed exceeds ten thousand dollars (\$10,000), do not provide the dollar amount of the claim; instead, please indicate below whether the claim would be a limited civil case. A limited civil case is one where the amount claimed does not exceed twenty-five thousand dollars (\$25,000).

Check
Applicable Box ☐ Limited Civil Case (to \$10,000 - \$25,000) ☐ Non-Limited Civil Case (over \$25,000)

Section 4: Representative Information (to be completed if claim is filed by attorney or representative)

Name of Attorney/Representative (Please Print) (_____) Telephone Number
(Area Code)

Address City State Zip Code

Is this claim filed on behalf of a minor? ☐ Yes ☐ No
If yes, please indicate:

Relationship to the minor _____ Minor's date of birth _____/_____/_____
Month Day Year

Section 5: ADVISORY

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, 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."

Section 6: Signature

Signature of Claimant or Claimant's Attorney/Representative Date

Section 7: Submission of Claim Form

Completed Claim Forms must be submitted by personal delivery or by United States mail, postage paid, to the following address:

Trabuco Canyon Water District

Attn: District Secretary
32003 Dove Canyon Drive
Trabuco Canyon, California 92678

For additional information, the Trabuco Canyon Water District may be contacted by telephone at (949) 858-0277, by facsimile at (949) 858-3025.