

CLAIM FORM

Claim against Spalding Community Services District

IN THE MATTER OF THE CLAIM OF

_____, Claimant, this matter is hereby

Presented by Claimant to Spalding Community Services District, pursuant to Section 910 of the California Government Code.

1. The name and mailing address of the claimant is as follows:

2. The mailing address (if different from above) where Claimant desires notice of this claim be sent:

3. On _____ (date), at _____ (location where injury occurred)

Claimant received personal injuries under the following circumstances:

OR

Claimants personal/real property was damaged by District under the following circumstances:

4. So far as known to claimant at the date of filing this claim, Claimant has incurred damages in the amount of \$ _____ due to personal injury or damage to real real property.

5. The name(s) of the District employee(s) who caused said damages to Claimant is (are) as Follows (if you do not know their names, write "UNKNOWN"):

Date signed: _____

(Print or type name of Claimant)

(Signature of Claimant)

This form shall be completed by the Claimant