

FORM: TORT CLAIM FOR MONEY OR DAMAGES

[California Government Code § 810 et seq.]

Claim of _____,)
_____)

vs.)

SANTA YNEZ RIVER WATER)
CONSERVATION DISTRICT,)
IMPROVEMENT DISTRICT NO.1)

**CLAIM AGAINST PUBLIC ENTITY
(GOVERNMENT CODE SECTION 910)**

Section 1: Claimant Information

Name of Claimant

Telephone Number (include area code)

Mailing Address

City

State

Zip Code

Section 2: Claim Information

Is the Claim on Behalf of a Minor? ___ Yes ___ No

If yes, please indicate: Relationship to Minor _____ Date of Birth of Minor _____

Incident Date:

Dollar Amount of Claim:

If the Amount Exceeds \$10,000 Indicate Type of Civil Case: ___ Limited ___ Non-Limited
(Less than \$25,000) (More than \$25,000)

Explain how the dollar amount claimed was computed
(Attach supporting documentation for the amount claimed)

Describe the specific damage or injury incurred as a result of the incident

Location of incident (if applicable, include street address, city or county, highway number, post mile number and direction of travel).

Explain the circumstances that led to the alleged damage or injury. State all facts that support your claim against the District and why you believe the District is responsible for the alleged damage, or injury. If known, provide the name(s) of the District employee(s) who allegedly caused the injury, damage or loss. (If more space is needed, please attach additional sheets.)

Section 3: Insurance Information (must be completed if claim involves an automobile)

Has the claim for the alleged damage/injury been filed or will it be filed with your insurance carrier?

_____ Yes _____ No

Name of Insurance Carrier

Amount of Deductible

Policy Number

Insured's Telephone Number (include area code)

Insured's Mailing Address

City

State

Zip

Are you the registered owner?

_____ Yes

_____ No

Make: _____

Model: _____

Year: _____

Section 4: Representative Information

(Must be filled out if claim is being filed by an attorney or authorized representative)

Name of Attorney/Representative

Name of Attorney/Representative's
Telephone Number

Attorney/Representative's Mailing Address

City

State

Zip

Section 5: Notice and Signature

Penal Code Section 72 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, 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.

Signature of Claimant

Date

Signature of Attorney/Representative (if applicable)

Date