



**EAST VALLEY WATER DISTRICT**  
LEADERSHIP • PARTNERSHIP • STEWARDSHIP

31111 Greenspot Rd., Highland, CA 92346  
909-885-4900

**CLAIMS FOR DAMAGES  
TO PERSON OR PROPERTY**

**INSTRUCTIONS:**

1. Subject to certain statutory exceptions, an action for money or damages may not be maintained against the District unless written claim has been timely presented to the District and rejected in whole or in part.
2. A claim shall be presented by the claimant or by a person acting on the claimant's behalf.
3. Answer all questions. Omitting information could make your claim legally insufficient.
4. Name and address of the person to whom you desire notices or communications to be sent regarding this claim.
5. This claim form must be signed on page 2 at bottom.
6. Attach separate sheets, if necessary, to give full details.  
SIGN EACH SHEET
7. Claim must be filed with Board Secretary.

TO: EAST VALLEY WATER DISTRICT

Name of Claimant

Home Address of Claimant

City and State

Home Telephone Number

Business Address of Claimant

City and State

Business Telephone Number

Give address to which you desire notices or communications to be sent regarding this claim:

How did DAMAGE or INJURY occur? Give full particulars.

When did DAMAGE or INJURY occur? Give full particulars, date, time of day:

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet, where appropriate, give street names and address and measurements from landmarks:

What particular ACT or OMISSION do you claim caused the injury or damage? Give names of District employees causing the injury or damage, if known:

What DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damages claimed:

What AMOUNT do you claim on account of each item of injury or damage as of date of presentation of this claim, giving basis of computation:

Give ESTIMATED AMOUNT as far as known you claim on account of each item of prospective injury or damage, giving basis of Insurance payments received, if any, and names of Insurance Company:

Expenditures made on account of accident or injury: (Date - Item)

(Amount)

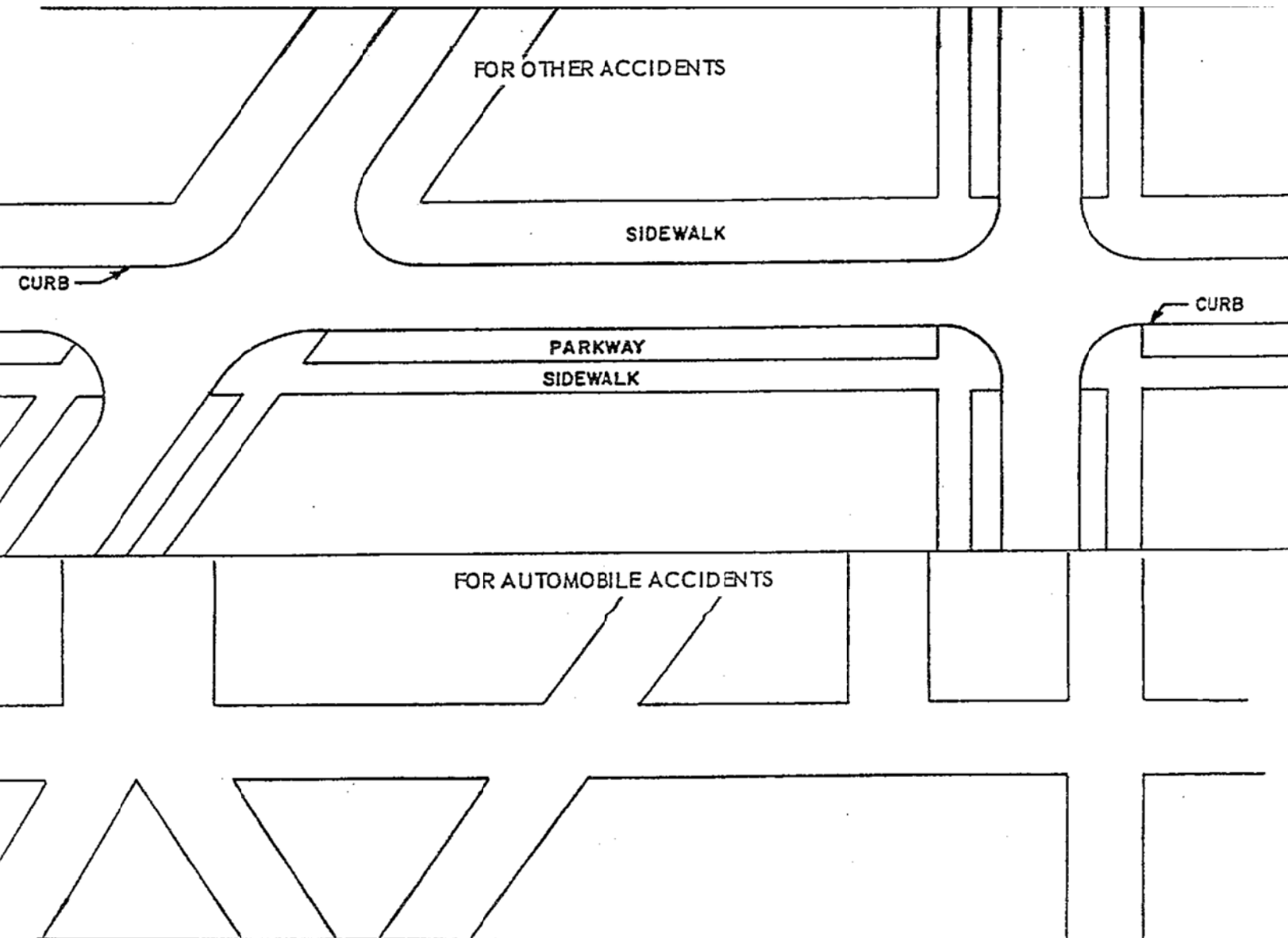
Name and Address of Witness, Doctors and Hospitals:

**READ CAREFULLY**

For all accident claims place on following diagram names of streets, including North, East, South, and West: indicate place of accident by "X" and by showing house numbers of distance to street corners.

If District Vehicle was involved, designate by letter "A" location of District vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw District vehicle: location of District vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



Signature of Claimant or person filing on his behalf giving relationship to Claimant:

Typed Name

Date

NOTE: All claimants may be required to be examined as to their own claim under oath.

Presentation of a false claim is a felony (Calif. Penal Code Sec. 72)

CLAIMS MUST BE FILED WITH BOARD SECRETARY.