



CLAIM FORM

JURUPA COMMUNITY SERVICE DISTRICT
11201 Harrel St PHONE (951) 685-7434
Mira Loma, California 91752 FAX (951) 685-1153
WEB/EMAIL WWW.JCSD.US info@jcsd.us

PLEASE RETURN TO: ACCOUNTING MANAGER

COMPLETE THE FOLLOWING, ADDING ADDITIONAL SHEETS AS NECESSARY:

1. PRINT CLAIMANT'S NAME: _____

2. PRINT CLAIMANT'S ADDRESS: _____
(Street or P.O. Box Number, City, State, Zip Code)

3. AMOUNT OF CLAIM \$ _____ (Attach Copies of bills/estimates)
HOME PHONE: _____ WORK PHONE: _____

4. PRINT ADDRESS TO WHICH NOTICES ARE TO BE SENT IF DIFFERENT FROM
LINE 2:

(Street or P.O. Box Number, City, State, Zip Code)

5. DATE OF INCIDENT: _____ TIME OF INCIDENT: _____
LOCATION OF INCIDENT: _____

6. DESCRIBE THE INCIDENT OR ACCIDENT INCLUDING YOUR REASON FOR
BELIEVING THAT THE DISTRICT IS LIABLE FOR YOUR DAMAGES
(attach additional sheets if necessary).

7. DESCRIBE ALL DAMAGES WHICH YOU BELIEVE YOU HAVE INCURRED AS
RESULT OF THE INCIDENT (attach additional sheets if necessary):

8. NAME(S) OF PUBLIC EMPLOYEE(S) CAUSING THE DAMAGES YOU ARE
CLAIMING:

Signature of Claimant

Date

Any person who, with intent to defraud, presents any false or fraudulent claim may be punished by imprisonment or fine or both.

(Note Claims must be filed within 180 days of incident. See Government Code Section 900 et seq.)