Jurupa
COMMUNITY SERVICES DISTRICT
Serving Jurupa Valley and Eastvale

CLAIM FORM

11201 Harrel Street
Jurupa Valley, CA 91752
www.jcsd.us

Phone (951) 685-7434
Fax (951) 727-3509
info@jcsd.us

PLEASE RETURN TO: Financial Analyst

COMPLETE THE FOLLOWING, ADDING ADDITIONAL SHEETS IF 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)
4. PRINT ADDRESS TO WHICH NOTICES ARE TO BE SENT IF DIFFERENT FROM LINE 2:

_____

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

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

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

   _____

   _____

   _____
8. DESCRIBE ALL DAMAGES WHICH YOU BELIEVE YOU HAVE INCURRED AS RESULT OF THE INCIDENT (Attach additional sheets if necessary)

   _____

   _____

   _____
9. 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.)