

# Reclamation District No. 1000 – Claim Form

For Official Use Only

PLEASE READ INSTRUCTIONS ON OTHER SIDE FIRST

Name of Claimant \_\_\_\_\_  
(First or Business Name) (Middle Initial) (Last Name)  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Day Time Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ Cell/Pager ( ) \_\_\_\_\_  
Soc. Security # or Bus. Tax ID # \_\_\_\_\_ CA Driver's License # \_\_\_\_\_

Type of Loss:  Personal Injury  Other \_\_\_\_\_ Police Report # \_\_\_\_\_  
 Property Damage  Indemnity – Date complaint served \_\_\_\_\_

When did injury or damage occur? \_\_\_\_\_ AM / PM  
(Month/Day/Year) (Day of the Week) (Time)

Where did injury or damage occur? \_\_\_\_\_  
(Street address, intersecting streets, or other location)

How did injury or damage occur? (Describe accident or occurrence)

Who caused your injury or damage?

What injury or damage did you suffer? (Attach additional sheet if necessary. Property damage list item, model, serial #, age, repair cost, original cost, amount claimed)

Name of any witnesses (Attach additional sheet if necessary)

(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

Name of RD1000 employee(s) involved? \_\_\_\_\_

Total Amount of Claim: Personal Injury \$ \_\_\_\_\_ Property Damage \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

NOTE: Please attach copies of supporting documentation for the amount claimed.

**If claim related to an automobile accident, please answer the following and ATTACH PROOF OF INSURANCE:**

Please check here if there was no insurance coverage in effect at the time of the incident

Insurance Policy # \_\_\_\_\_ Insurance Company \_\_\_\_\_

Insurance Broker/Agent \_\_\_\_\_

Address \_\_\_\_\_

## ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

**Warning:** California State Law generally requires that most claims against a public entity, such as RD1000, be presented within SIX (6) MONTHS from the date of the action or incident giving rise to the claim. Certain other claims must be filed within ONE (1) YEAR from the action or incident. You should check Government Code 911.2 to determine what presentation period applies in your claim. Please note it is a criminal offense to file a false claim (California Penal Code 72).

Signature

Relationship (self, attorney, guardian, etc.)

Date

# Reclamation District No. 1000 – Claim Form

## **INSTRUCTIONS**

Use this claim form for filing a claim against Reclamation District No. 1000. Submit the original and one identical copy of this form, together with one copy of all attachments, to be filed with the Reclamation District No. 1000. Retain one copy for your records. Please send to this address:

**Reclamation District No. 1000**

**Attn: Joleen Gutierrez**

**1633 Garden Highway**

**Sacramento, CA 95833**

**916-922-1449**

**JGutierrez@rd1000.org**

**Please fill out the claim form completely and print out. Additional sheets may be attached if more space is needed. Missing Information may delay processing of your claim.**