

Reclamation District No. 1000 – Claim Form

For Official Use Only

PLEASE FILL OUT:

Name of Claimant _____
(First or Business Name) (Middle Initial) (Last Name)
Address _____ Date of Birth _____
City _____ State _____ Zip _____
Day Time Phone () _____ Evening Phone () _____ Cell () _____
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 _____

Vehicle Make: _____ Model: _____ VIN: _____

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name (First & Last) _____ 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



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INSTRUCTIONS

Use this form to file a claim against Reclamation District No. 1000. Email it to jgutierrez@rd1000.org or mail it to the address below. Keep a copy for your records. Missing information may delay processing.

**Reclamation District No. 1000
Attn: Joleen Gutierrez
Administrative Service Manager
1633 Garden Highway
Sacramento, CA 95833
916-922-1449**