



Directors
Manny Fernandez
Tom Handley
Pat Kite
Anjali Lathi
Jennifer Toy

Officers
Paul R. Eldredge
*General Manager/
District Engineer*

Karen W. Murphy
Attorney

Dear Claimant:

The enclosed claim form is provided for your convenience in submitting your claim to Union Sanitary District. Please provide as much information as possible concerning your claim, as well as repair estimates, receipts or other relevant documentation that supports your claimed damages, including dollar amounts.

Please address your claim to my attention. If you have any questions, please call me at (510) 477-7526.

You may fax the completed claim form to the fax number indicated on it or e-mail to me at: roslynf@unionsanitary.ca.gov

Sincerely,

Roslyn Fuller

Roslyn Fuller
Purchasing Agent

Enclosure: USD Claim Form



Please submit claim form to:

Attn: Roslyn Fuller
Union Sanitary District
5072 Benson Road
Union City, CA 94587
Phone: (510) 477-7526
Fax: (510) 477-7509

CLAIM FORM

NAME OF CLAIMANT _____

ADDRESS OF CLAIMANT _____

CITY _____ STATE _____ PHONE () _____

Owner

Renter/Lessee

Other

(Specify) _____

WHEN did damage or injury occur? (Give exact date and hour)

WHERE did damage or injury occur?

Union Sanitary District

CLAIM FORM - Continued

HOW did damage or injury occur? (Give full details; add supplemental sheets if required.)

WHAT particular act or omission on the part of the District's officers or employees caused the injury or damage?

WHAT damage or injuries do you claim resulted?

Union Sanitary District

CLAIM FORM - Continued

WHAT SUM of money do you claim on account of each item or injury or damage?

(Provide the dollar amount claimed, if said amount totals less than ten thousand dollars (\$10,000.00) as of the date of presentation of the claim (including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim), together with the basis of computation of the amount claimed. Include paid bills, receipts, etc.)

Amount(s) Claimed: \$

Basis for computation:

NOTE: If the amount claimed exceeds ten thousand dollars (\$10,000.00), do not provide the dollar amount of the claim. However, please indicate below whether the claim would be a limited civil case (\$25,000.00 or less) or an unlimited civil case (over \$25,000.00).

_____ Limited Civil Case

_____ Unlimited Civil Case

INSURANCE INFORMATION (to be completed if this claim involves a motor vehicle)

Has a claim for the alleged damage/injury been filed or will it be filed with your insurance carrier? _____ Yes _____ No

Name of Insurance Carrier

Telephone Number

Address

City

State

Zip Code

Policy Number _____

Deductible: \$ _____

Name of registered owner(s) of the vehicle: _____

Vehicle Make: _____ Model: _____
 Year: _____

REPRESENTATIVE INFORMATION (to be completed if the claim is filed by an attorney or representative)

_____(_____)_____
 Name of Attorney/Representative Telephone Number

Address City State Zip Code

Is the claim filed on behalf of a minor ? ____ Yes ____ No If yes, please indicate:
 Relationship to the minor _____ Minor's date of birth _____

Names and addresses of witnesses, doctors, and hospitals:

1. _____

2. _____

3. _____

4. _____

5. _____

Other Details? Provide here:

Union Sanitary District

CLAIM FORM - Continued

Notice:

Section 72 of the Penal Code Provides:

“Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, town, city, district, ward or village board or office, authorized to allow or pay the same if genuine, any false or fraudulent claim bill, account, voucher, or writing, **is guilty of a felony.**”

Section 911.2 of the Government Code requires that a claim of this nature be presented not later than 6 months after the accrual of the cause of action.

Section 911.4 provides that with respect to a claim not timely filed, a written application may be made to the public entity for leave to present this claim and that such application shall be presented within a reasonable time not to exceed one year after the accrual of the cause of action.

CLAIMANT SIGNATURE _____

DATE _____