

Directors Manny Fernandez Tom Handley Pat Kite Anjali Lathi Jennifer Toy

Officers Paul R. Eldredge, P.E. 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.

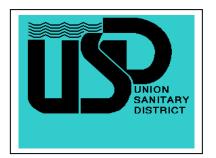
Please address your claim to my attention. If you have any questions, please call me at (510) 477-7647.

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

Sincerely,

Laurie Brenner Business Services Coach

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						
	Owner Renter/Lessee Other (Specify)	STATE	PHONE (	)		
	DID DAMAGE/INJUR Time	Y OCCUR?				

## WHERE DID DAMAGE/INJURY OCCUR?

Address or Nearest Cross Street: \_\_\_\_\_

City/State: \_\_\_\_\_

HOW DID DAMAGE/INJURY OCCUR? (Give full details; include name(s) of witness, if any; 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/INJURIES DO YOU CLAIM RESULTED?

TOTAL AMOUNT OF YOUR CLAIM on account of injury/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).

Union Sanitary District							
CLAIM FORM - Continued							
<b>INSURANCE INFORMATION</b> (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?							
		( )					
Name of Insurance Carrier		Telephone Nur	nber				
Address	City	State	Zip Code				
Policy Number		Deductible: \$					
Name of registered owner(s) of the vehicle:							
Vehicle Make: Model: Year:							
<b>REPRESENTATIVE INFORMATION</b> (to be completed if the claim is filed by an attorney or representative)							
		_() Telephone N					
Name of Attorney/Representative	9	l elephone N	lumber				
Address Ci	ty	State	Zip Code				
Is the claim filed on behalf of a minor?							
Relationship to the minor		Minor's date of bir	th				

Names and addresses of witnesses, doctors, and hospitals:			
1.			
2.			
3.			
4.			
5.			

Union Sanitary District

**CLAIM FORM - Continued** 

## Provide other details here :

**PHOTOS:** Were Not Taken Were Taken, number of photos; \_\_\_\_

Note: include all related photos with your claim

#### 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\_