

**LAMONT PUBLIC UTILITY DISTRICT
CLAIM FORM**

CLAIM AGAINST _____
(Name of Entity)

Claimant's Name _____ DOB: _____

Claimant's Address: _____

Address where notices about claim are to be sent, if different from above: _____

Date of incident/accident: _____

Date injuries, damages, or losses were discovered: _____

Location of incident/accident: _____

What did entity or employee do to cause this loss, damage, or injury? _____

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What are the names of the entity's employees who causes this injury, damage or loss (if known)? _____

What specific injuries, damages, or losses did claimant receive? _____

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What amount of money is claimant seeking, or if amount is in excess of \$10,000, which is the appropriate court of jurisdiction. Note: If Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" [Government Code §910(f)] _____

How was this amount calculated (please itemize)? _____

(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: _____ Signature: _____

If signed by representative:

Representative's Name _____

Representatives Address _____

Representative's Telephone # _____

Relationship to Claimant _____