

CLAIM AGAINST TURLOCK IRRIGATION DISTRICT

(For Damages to Persons or Personal Property)

A claim must be filed with the Turlock Irrigation District within six months after which the incident or event occurred. Be sure your claim is against the Turlock Irrigation District, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number. Completed claims must be mailed or delivered to: Accounting Department, Turlock Irrigation District, 333 E. Canal Drive, P.O. Box 949, Turlock, CA 95381, Attn: Michael Clipper.

TO THE TURLOCK IRRIGATION DISTRICT:

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

1. NAME OF CLAIMANT: \_\_\_\_\_

a. ADDRESS OF CLAIMANT: \_\_\_\_\_

b. TELEPHONE NO: \_\_\_\_\_

2. Name, telephone and mailing address to which claimant desires notices to be sent, if other than above:

\_\_\_\_\_

3. Occurrence or event from which the claim arises:

a. DATE: \_\_\_\_\_ b. TIME: \_\_\_\_\_ c. PLACE (exact and specific location):

\_\_\_\_\_

d. How and under what circumstances did damage or injury occur? Specify the particular occurrence, event, act or omission you claim caused the injury or damage (use additional paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. What particular action by Turlock Irrigation District or its employees caused the alleged damage or injury?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Give a description of the injury, property damage or loss, so far as is known at the time of this claim. If there were no injuries, state "no injuries":

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Give the name(s) of the Turlock Irrigation District employee(s) causing the damage or injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name and address of any other person injured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Name and address of the owner of any damaged property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Damages claimed:

- a. Amount claimed as of this date: \$ \_\_\_\_\_
- b. Estimated amount of future costs: \$ \_\_\_\_\_
- c. **Total amount claimed:** \$ \_\_\_\_\_
- d. Basis for computation of amount claimed: **PLEASE ATTACH COPIES OF ALL BILLS, ESTIMATES, INVOICES AND OTHER DOCUMENTS WHICH SUBSTANTIATE THE AMOUNT OF THE CLAIM.**  
\_\_\_\_\_

9. Names and addresses of all witnesses, hospitals, doctors, etc.:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

10. Any information that might be helpful in considering claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code Section 72; Insurance Code Section 556.1)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
CLAIMANT'S SIGNATURE