



Claim Against Las Virgenes Municipal Water District  
Government Code Sections 910 and 910.4

**Mail or Deliver To:** Executive Assistant/ Clerk of the Board  
Las Virgenes Municipal Water District  
4232 Las Virgenes Road  
Calabasas, CA 91302

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**Name of claimant/s:** \_\_\_\_\_

**Address/location of accident or occurrence:**

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

**Address to where replies/notices should be sent (if different from the above):**

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

**Email Address:**

**Telephone numbers: Home:** \_\_\_\_\_ **Work/Cell:** \_\_\_\_\_

Please answer the following questions. If more space is required, please attach additional sheets. **Please attach any receipts, invoices, estimates or photos that may help in consideration of your claim.**

1. When did damage or injury occur? (Give exact date and hour)
2. Where did the damage or injury occur?
3. How did the damage or injury occur? (Give full details)
4. What damage or injuries do you claim?

5. If this claim is for damage to property, are you the legal owner of said property?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If not, please list name and address of property owner.
  
6. What is the name/s of the District employee/s causing the injury, damage or loss, if known?
  
7. If District employees were involved in causing the damage or injury, do you believe there was a particular act or omission on the part of the employees that caused it?
  
8. What is the amount the damages claimed? (Attach copies of receipts, invoices, estimates, photos, etc.)  
 Amount claimed as of this date: \$ \_\_\_\_\_  
 Estimated amount of future expenses: \$ \_\_\_\_\_  
 Total Amount Claimed: \$ \_\_\_\_\_  
 Basis for computation of amounts claimed: \_\_\_\_\_
  
9. Other details? (Names, addresses of witnesses, doctors and hospitals)

\_\_\_\_\_  
Signature of Claimant or Person Acting on Claimant's Behalf

\_\_\_\_\_  
Date

Print Name of Signee (required):

This claim must be signed by claimant or by an authorized agent of the claimant. One copy must be filed with this office. Keep one copy for your records.

**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 officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is guilty of a felony".**

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ Recorded by: \_\_\_\_\_

**Note: This document is a Public Record and may be disclosed/released pursuant to the California Public Records Act.**