

Claim Form
Santa Ana Watershed Project Authority
11615 Sterling Avenue
Riverside, CA 92503
Telephone: 951-354-4220
Fax: 951-352-3422

1. Date this Claim form was filled out:

2. Name of Claimant:

3. Mailing Address of Claimant:

4. Mailing Address to which Claimant desires notices to be sent:

5. The date of the occurrence or transaction which gave rise to the Claim:

6. The place of the occurrence or transaction which gave rise to the Claim:

7. A general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known to the Claimant: (attache additional sheets if necessary)

8. The name or names of the public employee or employees causing the injury, damage, or loss, if known:

9. The amount of the Claim:

Claimant's Signature:

Date this Claim is signed: