



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 _____

CITY _____ STATE _____ PHONE () _____

Owner

Renter/Lessee

Other

(Specify) _____

WHEN DID DAMAGE/INJURY OCCUR?

Date: _____ Time: _____

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).

_____ Limited Civil Case

_____ Unlimited Civil Case

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 _____