

**CLAIM AGAINST EASTERN MUNICIPAL WATER DISTRICT
(Gov. Code §905, 910, 910.2)**

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM

TO: BOARD OF DIRECTORS,
EASTERN MUNICIPAL WATER DISTRICT

_____ hereby makes claim against
(Name of Claimant)

EASTERN MUNICIPAL WATER DISTRICT and makes the following statements in support of the claim:

1. Claimant's Name and Post Office Address are:

Name of Claimant: _____
Street Address: _____
City: _____
Telephone No: _____

2. Notices concerning this claim should be sent to:

3. The date, place and other circumstances of the occurrence or transaction which give rise to this claim are:

Date: _____
Time: _____
Place: _____

Circumstances:

4. Provide a general description of the indebtedness, obligation, injury, damages or loss incurred so far as it is known:

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

6. The amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of this 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 this Claim together with the basis of computation of the amount claimed: (Include copies of bills, invoices, estimates, etc.)

If the amount claimed exceeds ten thousand dollars (\$10,000), do not include a dollar amount in this Claim. However, indicate whether the claim would be a limited civil case:

Dated: _____

(Claimant's Signature)

(Person Acting on Behalf of Claimant)

(Type or Print Name of Claimant)

(Type/Print Name of Person Acting
on Behalf of Claimant)

Where space is insufficient, please use additional paper and identify information by paragraph number. Completed claims must be mailed or delivered to:

**Safety & Risk Manager
Eastern Municipal Water District
2270 Trumble Road
P.O. Box 8300 (Mail Only)
Perris, California 92572-8300
(951) 928-3777**