



**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 name 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 the 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 and Emergency Management  
Eastern Municipal Water District  
2270 Trumble Road  
P.O. Box 8300 (Mail Only)  
Perris, California 92572-8300  
(951) 928-3777**