

**Claim Against Eastern Municipal Water District (Gov. Code § 905, 910, 910.2)**

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



**CLAIM FORM**

**Mail Submission:**

Eastern Municipal Water District  
Safety, Risk and Emergency Management  
P.O Box 8300  
Perris, CA. 92572-8300

**Office Location Submission:**

Eastern Municipal Water District  
Safety Risk and Emergency Management  
2270 Trumble Road  
Perris, CA. 92572-8300  
**951-928-3777**

**Please Print**

**Claimant Information:**

Mr.  Mrs.  Ms.

<b>First Name:</b>	<b>Last Name:</b>	<b>Driver License #:</b>	<b>Telephone #:</b>
<b>Business Name (if claim is for a business):</b>		<b>Contact Name:</b>	<b>Contact Telephone #:</b>
<b>Address – Street:</b>		<b>Apt./Unit #:</b>	<b>Email Address:</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>EMWD Account # (if applicable):</b>
<b>Post Office Address to which Notices Should be Mailed:</b>			

**Claimant’s Vehicle Description (if included in claim for damages and/or involved in a vehicle accident):**

<b>Year/Make/Model:</b>	<b>Color:</b>	<b>License Plate #:</b>	<b>VIN:</b>
<b>Date of Incident:</b>	<b>Time:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Location of Incident:</b>	
<b>Description of Incident:</b>			
<b>General Description of Indebtedness, Obligation, Injury, Damage or Loss:</b>			
<b>Name(s) of Public Employee(s) Causing the Injury, Damage or Loss if Known (if applicable):</b>			
<b>Name of Witness:</b>	<b>Telephone #:</b>	<b>Email Address:</b>	
<b>Amount claimed if it totals less than ten thousand dollars (\$10,000.00) as of the date of presentation of this claim (PROPERTY DAMAGE: Attach invoices and all supporting documents. Do Not Send Originals):</b> \$		<b>Is claim a limited civil case?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Does amount exceed ten thousand dollars (\$10,000.00)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that Eastern Municipal Water District will review all documentation in support of this claim. I certify that the foregoing is true and correct.

**Prepared By:** \_\_\_\_\_

**Relationship to Claimant:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Where space is insufficient, please use additional attachments. Completed claims must be mailed or delivered to physical office location only. Submissions via fax or email will not be accepted. Please allow up to 45 days for processing