

SANTA MARIA CEMETERY DISTRICT (“District”)

CLAIM FORM

1. Claimant’s name: _____

2. Claimant’s complete address: _____

3. Telephone numbers:

(Work) (Home) (Cell)

4. Nature of claim: (e.g., auto accident, slip and fall on public way, property damage, other):

5. When did injury or damage occur? _____

6. Where did damage or injury occur? (include as much detail as possible):

Your Vehicle: Year _____ Make _____ Model _____ Mileage _____

7. How did injury or damage occur?

8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company:

9. Amount of damages claimed: _____

10. What action or inaction of the District employee(s) caused your injury or damage?

11. Name of District employee(s) involved? _____

12. Names and contact information of other witnesses: _____

Be sure to attach the original of any bills incurred and any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the District. Therefore, it is suggested you keep copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, photographs, or written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: _____ Claimant's signature: _____

WHEN TO FILE: Six Months. A claim for wrongful death, personal injury, damage to personal property or growing crops must be presented on or before six (6) months after the cause of action accrues. The six-month period governs not merely physical injury, but damage to "reputation, character, feelings or estate." Certain other claims, such as contract claims, must be filed within one (1) year from the date of the action or incident. You should check the Government Code to determine what presentation period applies in your case.

Return this form to: District Office, 1501 So. College Dr. Santa Maria, CA 93456

For further advice as to the procedure for filing your claim, you should consult a private attorney.

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Method of delivery office use only:

US Mail (postmark date: _____) Delivery service (please list: _____)

Hand-delivered (date: _____) Other (please list: _____)