



## CLAIM FOR MONEY OR DAMAGES AGAINST DESERT RECREATION DISTRICT

**Personally Deliver or Mail to: District Clerk 45-305 Oasis Street, Indio, CA 92201**

**Note:** A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented not later than one year after the accrual of the cause of action. See California Government Code §911.2.

**If additional space is needed to provide your information, please attach separate sheets which identify the paragraph(s) being answered. Sign, date and number all attachments to the claim form.**

1. Name and Post Office address of the Claimant:

Name of Claimant: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Post Office address to which the person presenting the claim desires notices to be sent if different from above.

Name of Addressee: \_\_\_\_\_

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

Post Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

2. The date, place and all other circumstances of the occurrence or transaction which gave rise to the claim asserted.

Date of Occurrence: \_\_\_\_\_

Time of Occurrence: \_\_\_\_\_

Location: \_\_\_\_\_

Circumstances giving rise to this claim: \_\_\_\_\_

3. General description of the indebtedness, obligation, property damage or loss incurred so far as it may be known at the time of the presentation of the claim.

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4. General description of the personal injury incurred so far as may be known at the time of the presentation of the claim.

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

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6. The name(s), address(es) and telephone number(s) of any witness(es) to the occurrence or transaction which gave rise to the claim:

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7. **If amount claimed totals less than \$10,000:** If the amount claimed totals less than ten thousand dollars (\$10,000) 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.

Amount Claimed and basis for computation:

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8. **If amount claimed exceeds \$10,000:** If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case. A limited civil case is one where the recovery sought, exclusive of attorney fees, interest and court costs, does not exceed \$25,000. An unlimited civil case is one in which the recovery sought is more than \$25,000. See California Code of Civil Procedure §86.

☐ Limited Civil Case

☐ Unlimited Civil Case

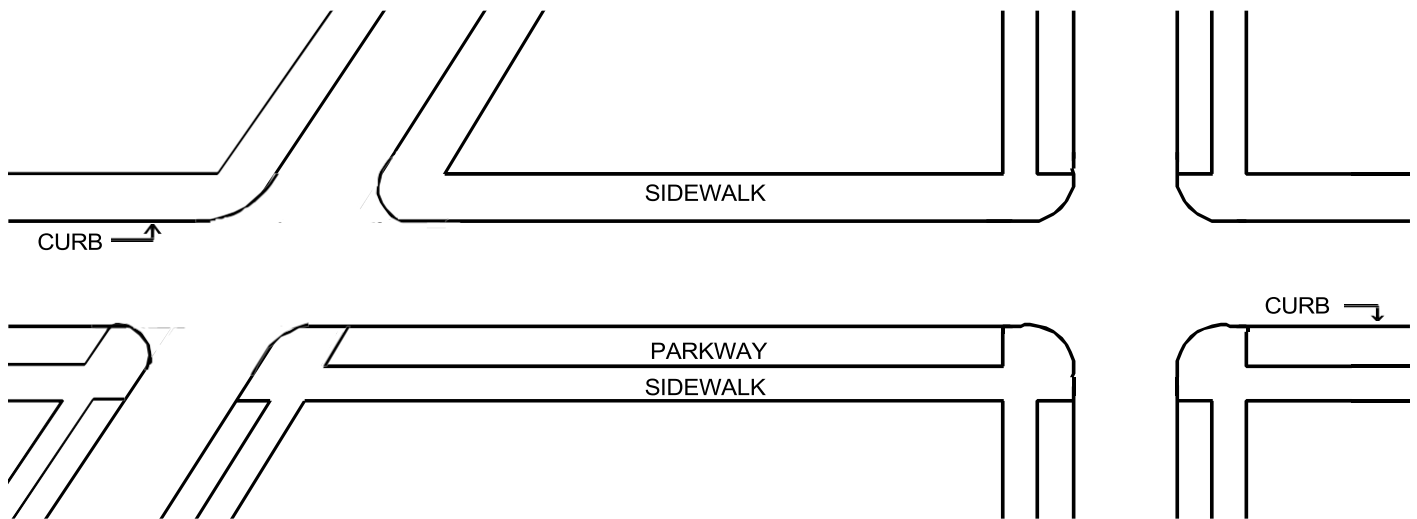
***If applicable, please attach any repair bills, estimates or similar documents supporting your claim.***

**READ CAREFULLY**

For all accident claims, place on following diagram name of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. If a District Vehicle was involved, designate by letter "A" location of District Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw District Vehicle; location

of District Vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."

**NOTE:** If diagrams below do not fit the situation, attach hereto a proper diagram signed and by claimant.



**Warning:** Presentation of a false claim is a felony. See California Penal Code §72. In the event a legal action is filed and it is determined that the action was not filed in good faith and with reasonable cause, the District may seek to recover all costs of defense. See California Code of Civil Procedure §1038.

Signature of the Claimant or Person acting on the Claimant's behalf

Date

**Personally Deliver or Mail an original, signed copy of this form to:**

**District Clerk  
45-305 Oasis Street  
Indio, CA 92201**