



**ISLA VISTA COMMUNITY SERVICES DISTRICT
CLAIM FORM**

For Damages to Persons and/or Personal Property

Subject to certain exceptions found in the California Government Code, a claim must be filed with the Isla Vista Community Services District **no later than six (6) months** after the incident or event occurred. All claims filed may be subject to disclosure under the California Public Records Act (Government Code sections 6250 *et seq.*) Please be sure your claim is against the District and not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number. Provide a diagram if appropriate. Complete claims must be mailed or delivered to the District at 970 Embarcadero del Mar, Isla Vista, California, 93117, or emailed to generalmanager@islavistacsd.com

(Please Type Or Print Clearly | Attach Additional Sheets if Necessary to Answer All Questions in Detail)

Claimant's Name (First Middle Last): _____

Claimant's Address: _____

Claimant's Date of Birth & Age: _____

Telephone Number & Email Address: _____

Name, address, and telephone number to which claimant requests all notices and communications to be sent, if different from above:

Type of Loss: **Personal Injury** **Property Damage** **Other**
(If other, please explain)

In Police were at the scene, please indicate the police agency and report number, if known: _____

When did the injury or damage occur? (Please give date and time of day): _____

Where did injury or damage occur? (Exact location. Attach color photos if available): _____

How did injury or damage occur?(Describe incident or occurrence) _____

What action or inaction of a District employee caused your injury or damage? (Include name of District employee(s) involved) _____

What injury or damage did you suffer? (Describe in detail) _____

Name and Contact Information of Any Witnesses:

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

State the amount claimed (Please attach copies of supporting documentation): _____

(NOTE: For property damage claims, please submit TWO estimates or ONE paid receipt)

IF CLAIM RELATES TO AUTOMOBILE INCIDENT, PLEASE ATTACH COLOR COPY OF DRIVER'S LICENSE, AND COPIES OF PROOF OF INSURANCE AND VEHICLE REGISTRATION IN EFFECT AT THE TIME OF THE INCIDENT

If there was no insurance coverage in effect at the time of the incident, check this box:

**WARNING: IT IS A VIOLATION OF CALIFORNIA LAW TO FILE A FALSE CLAIM FOR DAMAGES
(Penal Code § 72; Gov. Code § 12651)**

I certify under penalty of perjury that the foregoing is true and correct:

Signed this (DATE): _____ at (LOCATION) _____

SIGNATURE OF CLAIMANT OR AUTHORIZED REPRESENTATIVE

PRINTED or TYPED NAME