

SUBMIT TO:
Board of Supervisors, Marin County Flood Control & Water Conservation District
3501 Civic Center Drive, Room 329
San Rafael, CA 94903

CLAIM FORM
Marin County Flood Control & Water Conservation District

Name of Claimant: _____

Address:

Street Number

City

State

Zip

Phone Number:

Home

Business

Mailing Address for all Notices:

(If same as above, insert "same")

Date of Injury, Damage or Loss:

Place of Injury, Damage or Loss

(Exact Location)

General Description of Injury, Damage or Loss and Circumstance which Gave Rise to the Claim:

Why is the Marin County Flood Control & Water Conservation District Responsible for the Alleged Injury, Damage or Loss?

Name(s) of Marin County Flood Control & Water Conservation District Employee(s) Causing Alleged Injury, Damage or Loss, if Known:

Witnesses

Name

Address

Phone

Name

Address

Phone

Amount of Claim: \$ _____

(Attach supporting bills or basis of computation of amount claimed)

DATED: _____

CLAIMANT'S SIGNATURE: _____