

**CLAIM FORM**  
**ARBUCKLE PUBLIC UTILITY DISTRICT**  
(Pursuant to Gov. Code § 910.4)

<b>1</b>	Claimant name, address, (mailing address if different) and phone number.
	Name:
	Address(es)
	Phone Number: (    )

<b>2</b>	List name, address and phone number of any witnesses.
	Name:
	Address:
	Phone Number: (    )

<b>3</b>	List the <b>date, time, place</b> and <b>other circumstances</b> of the occurrence or transaction which gave rise to the claim asserted.
	Date: <span style="margin-left: 150px;">Time:</span> <span style="margin-left: 150px;">Place:</span>
	Describe what happened (give complete information):
	<b>NOTE: Attach any photographs you may have regarding this claim</b>

<b>4</b>	Give a general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim.

<b>5</b>	Give the name or names of the public employee or employees causing the injury, damage, or loss, if known.

<b>6</b>	If the amount of your claim totals less than \$10,000.00 as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, state the amount claimed, together with the basis of computation of the amount claimed. If the actual amount of your claim exceeds \$10,000.00, no dollar amount need be included in the claim, but you should indicate whether the claim would be a limited civil case. (See California Code of Civil Procedure §§ 85 and 86.)

Date:	Time:	Signature:
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**A CLAIM SHALL BE PRESENTED BY THE CLAIMANT OR BY A PERSON ACTING ON HIS OR HER BEHALF. ANSWER ALL QUESTIONS . OMITTING INFORMATION COULD MAKE YOUR CLAIM LEGALLY INSUFFICIENT!**