

# HERITAGE RANCH COMMUNITY SERVICES DISTRICT

4870 Heritage Road  
Paso Robles, CA 93446  
Phone (805) 227-6230 • FAX (805) 227-6231

## CLAIM AGAINST HERITAGE RANCH COMMUNITY SERVICES DISTRICT

To the Board of Directors: A claim is hereby made against Heritage Ranch Community Services District pursuant to Sections 910 et seq. of the California Government Code:

1. Name and mailing address of claimant \_\_\_\_\_  
(Please print.) (full name)  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(city/state/zip)  
\_\_\_\_\_  
(Phone)
2. Date and place of the incident:  
On \_\_\_\_\_ at \_\_\_\_\_  
(date) (exact location)  
an incident occurred giving rise to this claim.
3. Briefly describe what happened: \_\_\_\_\_  
\_\_\_\_\_
4. Description of any costs, injuries, damages, or losses incurred: \_\_\_\_\_  
\_\_\_\_\_
5. Names of any District employees who may have caused or were a party to incident (if known): \_\_\_\_\_
6. List the estimated amount of any prospective injury, damage or loss, as of the date of this claim (additional pages may be added):  
\_\_\_\_\_  
\_\_\_\_\_
7. List the basis of your computation for the amount claimed (additional pages may be added):  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Claimant (or person acting on behalf of claimant)

Date Received: \_\_\_\_\_

\_\_\_\_\_  
Received by (District employee's name)