

**1040 NOTICE OF CLAIM AGAINST THE  
ANDERSON VALLEY COMMUNITY SERVICES DISTRICT (AVCSD)**  
(Government Code Section 910 et seq.)

INSTRUCTIONS (please read carefully):

- \* Claims related to injury to person, damage to personal property, or employee claims, by an person, government agency or entity of any type must be presented to the AVCSD within six (6) months from the date of loss.
- \* Claims related to any other loss must be presented not later than one (1) year from the date of loss.
- \* Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient.
- \* If more space is needed to provide requested information, please attach additional pages identifying paragraph(s) being answered.
- \* Legal advice concerning your claim should be obtained from your own lawyer.

MAIL COMPLETED FORM TO:

Anderson Valley Community Services District  
ATTN: General Manager  
P. O. Box 398  
Boonville, CA 95415

\_\_\_\_\_ Date Received by AVCSD

1. Claimant's Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_
2. Claimant's Mailing Address: \_\_\_\_\_
3. Home Phone: (\_\_\_\_) \_\_\_\_\_ Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_
4. Location of Loss (Specify in as much detail as possible, example: Corner of Haehl and Highway 128): \_\_\_\_\_  
\_\_\_\_\_
5. Description of incident/accident which caused you to make this claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What specific injury, damages or other losses did you incur? \_\_\_\_\_  
\_\_\_\_\_
7. What amount of money are you seeking to recover? \_\_\_\_\_ Please attach any and all itemized bills, repair estimates, receipts, etc.
8. What are the name(s) of the District employee(s) whom you allege caused your injury, damage or loss, if known?  
\_\_\_\_\_
9. All notices and communications with regard to this claim will be directed to the Claimant shown in Lines 1 and 2 above.

**I/WE, the undersigned, declare under penalty of perjury that I/WE have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/WE believe to be true**

\_\_\_\_\_ Claimant Printed Name

\_\_\_\_\_ Claimant signature

\_\_\_\_\_ Date Signed

PLEASE SEE REVERSE SIDE FOR WARNING.

## WARNING

**PRESENTATION FOR ALLOWANCE OR PAYMENT OR A FALSE OR FRAUDULENT CLAIM WITH INTENT TO DEFRAUD, IS A CRIME PUNISHABLE AS A FELONY UNDER CALIFORNIA PENAL CODE, SECTION 72, AND INSURANCE CODE, SECTION 1871.1.**

**Pursuant to California Code of Procedure Section 128.5 and 1038, the District will seek to recover all costs of defense in the event an action is filed in the matter and it is determined that the action was not brought in good faith and with reasonable cause.**