## **Claims Against**

## **Rancho Santiago Community College District**

(for damages to person or personal property)



A claim against the Rancho Santiago Community College District must be filed with the District within six (6) months after which the incident or event occurred. (see Government Code section 911.2) Where space is insufficient, please use additional paper and identify the paragraph(s) being answered.

Completed claims must be delivered or mailed to:

Rancho Santiago Community College District Attn: Risk Management Office 2323 N. Broadway, #225 Santa Ana, CA 92706

1.	Claimant Information:
	Address:
	Phone Number:
2.	The date, place and other circumstances of the occurrence or transaction from which the claim arises.
	Date of Occurrence: Time of Occurrence:
	Location:
	Circumstances giving rise to this claim:
3.	The name(s) of the employee(s) or department causing the injury, damage, or loss, if known.
4.	What sum do you claim? Include the estimate amount of any prospective loss insofar as it may be known at the time of the presentation of this claim together with basis of computation of the amount claimed
	(include copies of all bills, invoices, estimates, etc.)

the claim relates to an automobile	accident, provide the following	g information:	
Auto Insurance Company:	Phone Number:		
Address:			
Policy Number:			
		Phone Number:	
Vehicle License No	Vehicle Make/	Vehicle Make/Model/Year:	
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