



**SOUTH PLACER MUNICIPAL UTILITY DISTRICT**  
5807 Springview Drive  
Rocklin, CA 95677  
(916) 786-8555  
(916) 786-8553 (Fax)

**CLAIM for DAMAGES AGAINST  
SOUTH PLACER MUNICIPAL UTILITY DISTRICT**

Instructions:

A claim relating to a Cause of Action for death or for injury to person or personal property shall be presented not later than six months after the accrual of the Cause of Action. A claim relating to any other Cause of Action (including injury to real property) shall be presented not later than one year after the accrual of the Cause of Action.

Your claim must actually be on file with the General Manager by the deadline to be timely. Your claim must:

- be submitted on this South Placer Municipal Utility District claim form;
- include all information required; and
- be signed by you or your representative.

Failure to complete the entire claim form may cause your claim to be legally insufficient. Attach additional sheets if necessary.

---

Identification of Claimant and Claim:

a) Name and Address –

---

---

---

---

b) Post Office address to which claimant desires notices to be sent –

---

---

c) The date, place, and other circumstances of the occurrence or transaction which gave rise to the claim asserted –

---

---

---

---

- d) 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 –

---

---

---

---

---

---

- e) The name or names of the public employee or employees causing the injury, damage, or loss, if known –

---

---

---

- f) The amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed. If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case –

---

---

---

---

Name and address of claimant's representative (if applicable)

---

Signature (claimant or representative)

---

Date