



# Santa Margarita Water District

## Claim Form

This form is provided pursuant to Government Code Sections 910 et seq. and shall be used by any person presenting a claim to Santa Margarita Water District under Government Code Section 810 et seq. If additional space is needed, please attach additional sheets.

<b>Name:</b>			
<b>Address:</b>			
<b>Mailing Address:</b> <i>(if different)</i>			
<b>Phone Number:</b>		<b>E-mail Address:</b>	
<b>Incident Location:</b> <i>Please be as specific as possible. I.e. 26111 Antonio, RSM or 200' south of Antonio/Oso intersection in southbound lane.)</i>			
<b>Date of Incident:</b>		<b>Time of Incident:</b>	
<b>Incident Description:</b>			
<b>Name(s) of SMWD Employees:</b> <i>(if known)</i>			
<b>Amount of Claim:</b>	\$		
	<input type="checkbox"/> Claim is over \$10,000 (Municipal Court)		<input type="checkbox"/> Claim is over \$25,000 (Superior Court)

**Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in State prison.**

**Signature of Claimant or Representative:**

**Date:**

Please return completed claim to either  
1) CustomerCare@smwd.com or  
2) the District's mailing address to the right.

Santa Margarita Water District  
Attn: Claims  
26111 Antonio Parkway  
Rancho Santa Margarita, CA 92688

**FOR SMWD USAGE: Date/Time/Received by:**