

# CLAIM AGAINST THE TRUCKEE DONNER PUBLIC UTILITY DISTRICT

Please complete and return to: Truckee Donner PUD, 11570 Donner Pass Rd, Truckee, CA 96161  
Or email: [claims@tdpud.org](mailto:claims@tdpud.org), Phone: 530-582-3987

Date Received:

Received By:

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Do Not Write Above This Line

1. Claimant's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_ (home)  
\_\_\_\_\_ (business)  
Date of Birth: \_\_\_\_\_  
Driver's License: \_\_\_\_\_

2. Name, telephone number, and mailing address to which notices concerning this claim should be sent, if different from address listed above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date and time of damage or injury:

\_\_\_\_\_

4. Location of damage or injury (street, address, or area):

\_\_\_\_\_  
\_\_\_\_\_

5. Description of the circumstances of the occurrence, event, act or omission causing the damage or injury, including why you believe the \_\_\_\_\_ is at fault (attach additional sheets of paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Description of loss, damage, or injury caused by the incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Amount of damages to date: \_\_\_\_\_  
Estimated future damages: \_\_\_\_\_

Amount of claim: \_\_\_\_\_

Basis for claim amounts (describe and submit copies of bills, estimates, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

8. Names and addresses of witnesses to the incident, if any, and hospitals or doctors providing treatment:  
\_\_\_\_\_  
\_\_\_\_\_
9. Names of public employees causing the loss, damage, or injury you are claiming:  
\_\_\_\_\_  
\_\_\_\_\_
10. Any additional information that may be helpful in considering your claim:  
\_\_\_\_\_  
\_\_\_\_\_

Pursuant to section 72 of the California Penal Code, filing a false claim is a felony, punishable by imprisonment in state prison and/or a fine of up to \$10,000.

I have read the matters and statements in the above claim and declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, California.

\_\_\_\_\_  
Signature of Claimant or His/Her Representative

**ADDITIONAL INSTRUCTIONS AND INFORMATION**

- 1. Claims relating to death or injury of a person or personal property must be presented within six months of the accrual of the cause of action. All other claims must be presented within one year of the accrual of the cause of action. See section 911.2 of the California Government Code.**
- 2. Subject to certain exceptions, if your claim is denied you have six months to commence court action on the denied claim. See section 945.6 of the California Government Code.**
- 3. Claims not filed in accordance with the instructions on this form may be deemed insufficient and may be rejected or denied for insufficiency.**