



Date of Claim \_\_\_\_\_

Residents don't have to use this form. The form was primarily intended as a convenient way to get resident's contact information and the details about their claim. The Los Angeles County Sanitation District will also respond to concerns received by email ([info@lacsds.org](mailto:info@lacsds.org)) or phone (562-908-4288 ext. 2303 or ext. 2310).

**TO:** Chief Engineer and General Manager  
County Sanitation Districts of Los Angeles County  
1955 Workman Mill Road  
P. O. Box 4998  
Whittier, California 90607-4998

\_\_\_\_\_  
Name of Claimant

\_\_\_\_\_  
Address of Claimant

\_\_\_\_\_  
City, State    Zip Code

\_\_\_\_\_  
Telephone Number

**WHEN** did damage or injury occur? (Give exact date and hour)

**WHERE** did damage or injury occur?

**HOW** did damage or injury occur? Give full details, add supplemental sheets if required.

**WHAT** particular **ACT** or **OMISSION** on the part of Sanitation District officers or employees caused the injury or damage?

**WHAT DAMAGE** or **INJURIES** do you claim resulted?

**WHAT SUM** do you claim on account of each item of injury or damage?

Other details?

Names and addresses of witnesses, doctors, and hospitals:

\_\_\_\_\_  
Claimant (signature)

**NOTICE:**        **Section 72 of the Penal Code provides:**  
*"Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, town, city, district, ward or village board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is guilty of a felony."*