



CLAIM FORM

(A claim shall be presented by the claimant or by a person acting on his/her behalf.)

NAME OF DISTRICT: Riverside County Transportation Commission		
1	Name, address, mailing address if different, and phone number.	
	Name:	
	Address(es):	
	Phone Number:	
2	Name, address, and phone number of any witnesses.	
	Name:	Name:
	Address:	Address:
	Phone Number:	Phone Number:
3	Date, time, place, and other circumstances of the occurrence or transaction which gave rise to the claim asserted.	
	Date:	Time: Place:
	Tell What Happened (give complete information):	
NOTE: Attach any photographs you may have regarding this claim.		
4	Give 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.	
5	Give the name(s) of the public employee(s) causing the injury, damage, or loss, if applicable/known.	
6	If the actual amount of your claim is less than \$10,000 indicate the exact amount of your claim, and if possible show specific itemization and/or include copies of any documents in support thereof. If the amount of the claim exceeds \$10,000, no dollar amount should be included in this claim form; however, it is necessary to indicate whether jurisdiction will rest in Municipal or Superior Court. (Jurisdiction for any claim under \$25,000 would rest in Municipal Court, and any claim over \$25,000 would rest in Superior Court.)	
	Date:	Signature:
ANSWER ALL QUESTIONS COMPLETELY. OMITTING INFORMATION COULD MAKE YOUR CLAIM LEGALLY INSUFFICIENT.		

Please submit claim form to: Clerk of the Board, RCTC, 4080 Lemon Street, 3rd Floor, Riverside, CA 92501