



# LAGUNA BEACH UNIFIED SCHOOL DISTRICT

949.497.7700  
949.497.7710  
www.lbusd.org

## CLAIM FORM

To: Laguna Beach Unified School District  
Business Department  
550 Blumont Street  
Laguna Beach, CA 92651

1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Govt. Code, Section 911.2)
2. Claims for damages to real property or breach of contract must be filed not later than one year after the occurrence (Govt. Code, Section 911.2)

Name of Claimant \_\_\_\_\_ DOB \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**WHEN** did damage or injury occur? \_\_\_\_\_

**WHERE** did damage or injury occur? \_\_\_\_\_

**HOW** and under what circumstances did damage or injury occur? \_\_\_\_\_

**WHAT** particular action by the District or its employees caused the alleged damage or injury? Include names of employees, if known: \_\_\_\_\_

**WHAT** sum do you claim? Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible. (If amount claimed exceeds \$10,000, no dollar amount shall be stated).

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Amount Claimed \$ \_\_\_\_\_

**NAMES** and addresses of witnesses, doctors, and hospitals: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

NOTICE: Section 72 of the California Penal Code provides: "Every person who with intent to defraud, presents for payment to any School District any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment."

|                              |                |                                    |                  |
|------------------------------|----------------|------------------------------------|------------------|
| <b>DISTRICT USE ONLY</b>     | DATE RECVD / / | SCANNED / /                        | DRIVE UPLOAD / / |
| DATE SUBMITTED TO KEENAN / / |                | KEENAN CONTACT alacoste@keenan.com |                  |