LYNWOOD
UNIFIED SCHOOL DISTRICT

Gregory Fromm
Chief Business Official

CLAIM FORM

TO: Business Services Division
Lynwood Unified School District
11321 Bullis Road, Lynwood, CA 90262

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 Zip

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 $_____

If total amount claimed exceeds $10,000, is this a Limited Civil case? Yes _____ No_____

NAMES and addresses of witnesses, doctors and hospitals:_____
_____
_____
_____

DATE:_____ _____
Signature of Claimant

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."