



Pacifica School District

375 Reina Del Mar Avenue ★ Pacifica, California ★ 94044

(650) 738-6600 ★ (650) 557-9672 (fax)

www.pacificasd.org

Preparing Students for an Evolving World

Cabrillo ★ Ingrid B. Lacy ★ Linda Mar Educational Center

Ocean Shore ★ Ortega ★ Sunset Ridge ★ Vallemar

PLEASE PRINT OR TYPE

CLAIM FORM

Claimant's Name _____ Amount \$ _____

Date of Birth _____ Phone Number _____

Claimant's Address _____
Number Street (Apt. No.) City State Zip code

Address to which notice and correspondence are to be sent (if different from above):

Number Street (Apt. No.) City State Zip Code

Date, Time, and Location of Occurrence _____

How did it Occur? _____

Describe Damage or Loss _____

Name of School Employee(s), if any, Causing Injury or Damage (if unknown, so state) _____

Itemization of Claim (list items totaling amount set forth above):

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total \$ _____

If total amount claimed exceeds \$35,000, is this a Limited Civil case? ☐ Yes ☐ No

I declare under penalty of perjury that the foregoing is true and correct.

Dated At _____, California on _____, 20_____

Signature of Claimant _____

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