

EL MONTE UNION HIGH SCHOOL DISTRICT
3537 Johnson Avenue, El Monte, California 91731
(626) 444-9005 FAX (626) 448-0726

CLAIM FORM

To: El Monte Union High School District Date: _____

Name of Claimant: _____

Street Address: _____

City and Zip Code: _____

Phone: (____) _____

WHEN did damage or injury occur? _____

WHERE did damage or injury occur? _____

HOW and under what circumstances did damage occur? _____

WHAT particular action by the school or its employees caused the alleged damage or injury?
(Include names of employees, if known): _____

NAMES and addresses of witnesses, doctors and hospitals: _____

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. (Attach estimates or bills)

_____ *Date*

_____ *Signature of Claimant*

NOTE: 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."

Return this form to: Attn: Ryan Di Giulio, Chief Business Official
El Monte Union High School District
3537 Johnson Avenue, El Monte, California 91731