



Chino Valley Fire District

14011 City Center Drive
Chino Hills, CA. 91709
(909) 902-5260
(909) 902-5250 Fax
<http://cvifd.org>

FILING A CLAIM AGAINST THE CHINO VALLEY FIRE DISTRICT

Claims must be filed at the following location:

Chino Valley Fire District Clerk,
Board of Directors 14011 City
Center Drive Chino Hills, CA
91709

You must file your claim form, by mail or in person, with the Clerk of the Board of Directors, 14011 City Center Drive, Chino Hills, CA 91709, within the time prescribed by Government Code Section 911.2, which states:

“A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than one year after the accrual of the cause of action.”

Any claim must be submitted on the form provided by the Clerk of the Board of Directors as required by Government Code Section 910.4. The claim form must be signed by the person filing the claim or by some person authorized to do so on behalf of the claimant, and will include all of the information required by Government Code Section 910.



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Claimant

Name of Claimant		
Mailing Address of Claimant	City, State, Zip	Home Telephone Number
Business Address of Claimant	City, State, Zip	Business Telephone Number
Send notices regarding this claim to (if different from above):		
Name		
Address	City, State, Zip	

Claim Information

Date of Incident (Month/Day/Year)	Time of Incident
Location of Incident	
Describe the damage or loss incurred as a result of the incident	
State the circumstances that gave rise to this claim. State the facts that support your claim and why you believe that Chino Valley Fire District is responsible for the alleged damage or loss.	
If known, provide the name of the official or employee who allegedly caused the damage or loss. If there is more than one official or employee, name each. If you need more space, please attach additional sheets of paper.	
Damage or Loss Claim Amount	

State how the amount of your claim was computed (including copies of supporting documentation such as billing statements, invoices, receipts and estimates).

List the names, addresses and telephone numbers of all witnesses to the incident.

Provide any additional information that might be helpful in considering this claim.

Representative (Complete only if claim is presented by someone acting on claimant's behalf)

Name of Authorized Representative		Telephone Number
Mailing Address		City, State, Zip
Name of: Claimant or Authorized Representative (check one)		Date

Deliver or mail this claim form to:

Chino Valley Fire District
 14011 City Center Drive
 Chino Hills, CA 91709
 Attn: Clerk of the Board / Human Resources

Internal Use Only

CVFD Clerk of the Board	CVFD Human Resources
Received: _____ Received by: _____	Received: _____ Received by: _____
Explanation / Resolution: _____	

<input type="checkbox"/> Resolved Date _____ Signature _____	