

Instructions for filing a claim with LARPD

Please read all instructions on this page before completing the claim form. You must fully complete all applicable sections of this form or your claim will be returned to you as incomplete.

NOTE: this information is not legal advice. If you have any legal questions, please seek the advice of an attorney.

Section 1: Claimant Information

Provide the full name, mailing address, and telephone of the person(s) claiming damage/injury. If the claim is being filed on behalf of a minor or a dependent person, specify your relationship to the minor or dependent person, and the date of birth for the minor.

Section 2: Claim Information

Provide the name of the employee(s) involved in the incident (if known). Enter the total dollar amount being claimed as a result of the alleged damage/injury. If damage/injury is continued or anticipated in the future, indicate with a "+" following the dollar amount. Provide a breakdown of how the total amount being claimed was computed. You should declare expenses incurred and/or future, anticipated expenses. Attach three (3) legible copies of all bills, payment receipts, and cost estimates to your claim. Describe in full detail the damage/injury that allegedly resulted from the incident. Describe in full detail the circumstances that led up to the alleged damage/injury. State all facts that support your claim and why you believe LARPD is responsible.

Section 3: Insurance Information

Indicate if a claim for the alleged damage/injury has been filed with your insurance carrier, either automobile, health, disability, homeowner's, or business. If yes, provide the name, telephone number, and mailing address of each insurance agent. Also include your policy numbers and the amount of deductible for each insurance policy.

Section 4: Representative Information

If an attorney or other authorized representative is filing the claim on your behalf, provide the name, telephone number, and mailing address of the attorney/representative. (Note: if representative information is provided, all official notices or other correspondence will be sent to the person listed in this section.)

Section 5: Notice and Signature

The claim form must be signed by the claimant or the claimant's attorney or authorized representative. LARPD will not accept the claim without a proper original signature and date of signature.

CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN 6 MONTHS AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)

Claim Submittals

A complete form and/or late claim application and related documentation must be filed with LARPD, either by U.S. mail or in person, during regular business hours (8:00 am-5:00 pm), at 4444 East Avenue Livermore CA 94550, Monday through Friday, except holidays.

Submit an original, completed claim form and all documentation to :

LARPD
General Manager
4444 East Avenue
Livermore, CA 94550

Requests for an endorsed copy of the claim and/or late claim application must be submitted in writing along with a self-addressed stamped envelope.

Your claim will be investigated. You will receive notice of action taken on your claim within 45 days of receipt.

CLAIM FORM

If you wish to file a claim against Livermore Area Recreation and Park District (LARP or District), please complete this form and mail or return it to the General Manager at the Robert Livermore Community Center, located at: 4444 East Avenue Livermore, CA 94550. Attach additional pages, if necessary.

Section 1: Claimant Information

Full Name of Claimant

Address City

State and Zip Code Telephone Number (area code + number)

Mailing Address, if different from above

Address City

State and Zip Code

Date of Birth* Gender Female Male Social Sec. Number*

Section 2: Claim Information

Is the claim filed on behalf of a minor or dependent person? Yes No

If yes, indicate relationship

Date of Accident/Incident Time of Accident/Incident AM PM

Exact Location of Accident/Incident

Explain the circumstances that led to the alleged damage or injury. State all the facts that support your claim against LARP, and why you believe LARP is responsible for the alleged damage or injury. If known, provide the name(s) of the LARP employee(s) who allegedly caused the damage, injury, or loss.

Describe the specific injury, damage or loss as a result of the accident/incident

Explain how the dollar amount claimed was computed

Dollar Amount of Claim

\$

Attach copies of the supporting documentation for the amount claimed with this form

List all items that are attached

Section 3: Insurance Information

Has the claim for alleged damage/injury been filed or will it be filed with your insurance company? Yes No
If yes, please fill out the information below

Name of Insurance Company and agent (if known) (if more than one, please attach additional sheets with required information for each company)

Type of Insurance Policy Number

Mailing Address City, State, Zip Code

Limits of Insur \$ Deductible \$

If claim involves damage to a vehicle:

Make Model Year

Are you the registered owner?: Yes No

Section 4: Representative Information

Must be completed if claim is being filed by an attorney or authorized representative

Name of Attorney/Representative

Address City

State and Zip Code Telephone Number (include area code)

Section 5: Notice and Signature
Form must be signed and dated to process your claim

Signature of Claimant	<input type="text"/>	Date	<input type="text"/>
Signature of Attorney/Representative	<input type="text"/>	Date	<input type="text"/>

NOTE: California Penal Code, section 72 states, every person who, with intent to defraud, presents any false or fraudulent claim is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000), or both such imprisonment and fine.

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LARP
General Manager
4444 East Avenue
Livermore, CA 94550