



(A claim shall be presented by the claimant or by a person acting on his/her behalf.)

NAME OF DISTRICT: Riverside County Transportation Commission			
1	Name, address, mailing address if different, and phone number.		
	Name:		
	Address(es):		
	Phone Number:		
2	Name, address, and phone number of any witnesses.		
	Name:		Name:
	Address:		Address:
	Phone Number:		Phone Number:
3	Date, time, place, and other circumstances of the occurrence or transaction which gave rise to the claim asserted.		
	Date:	Time:	Place:
	Tell What Happened (give complete information):		
<i>NOTE: Attach any photographs you may have regarding this claim.</i>			
4	Give a general description of the indebtedness, obligation, injury, damage, or loss incurred so far as it may be known at the time of presentation of the claim.		
5	Give the name(s) of the public employee(s) causing the injury, damage, or loss, if applicable/known.		
6	If the actual amount of your claim is less than \$10,000 indicate the exact amount of your claim, and if possible show specific itemization and/or include copies of any documents in support thereof. If the amount of the claim exceeds \$10,000, no dollar amount should be included in this claim form; however, it is necessary to indicate whether jurisdiction will rest in Municipal or Superior Court. (Jurisdiction for any claim under \$25,000 would rest in Municipal Court, and any claim over \$25,000 would rest in Superior Court.)		
	Date:		Signature:
ANSWER ALL QUESTIONS COMPLETELY. OMITTING INFORMATION COULD MAKE YOUR CLAIM LEGALLY INSUFFICIENT.			

Please submit claim form to: Clerk of the Board, RCTC, 4080 Lemon Street, 3rd Floor, Riverside, CA 92501