



LBUSD Damage/Injury Claim Form

MAIL TO: Laguna Beach Unified School District
550 Blumont Street, Laguna Beach, CA 92651 (Attn: Business Office)

Name of Claimant	Phone	Age
Address	City	Zip Code

WHEN did damage or injury occur? _____

WHERE did damage or injury occur? _____

HOW and under what circumstances did damage or injury occur? _____

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

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, together with the basis for computation of the amount claimed. (Attach estimates or bills, if possible)

	\$ _____
	\$ _____
	\$ _____
Total Amount Claimed	\$ _____

NAMES and addresses of witnesses, doctors, and hospitals: _____

Date

Signature of Claimant

NOTICE: 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."