

**Clearlake Oaks County Water District**  
**P.O. Box 709 /12952 E. Hwy 20**  
**Clearlake, Ca 95423**  
**Phone: (707) 998-3322 Fax: (707) 998-1245**

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**Consumer Claim For Resolution Form**

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**Claimant Instructions:** Clearly state your claim/grievance(s) for resolution with accompanied supporting documentation attach hereto. All claims/grievance(s) shall be submitted to the Clearlake Oaks County Water District-General Manager. Action taken by the District in an effort to resolve and execute settlement of any and all claim/grievance(s) will be made within the boundaries of Clearlake Oaks County Water District Ordinances, Rules, Regulation, Policies, Procedures, and all applicable State and Federal Law applied. If Clearlake Oaks County Water District and the "claimant" cannot secure settlement and/or resolution of a matter, an application for a "Special Meeting" shall be submitted by the "Claimant" into the Clearlake Oaks County Water District General Manager. The matter shall be placed on calendar and heard before the Clearlake Oaks County Water District Board of Directors. (Article 1.4-Appeals/Ordinance 31)

Name of Claimant(s): \_\_\_\_\_

Claimants(s) Address: \_\_\_\_\_  
\_\_\_\_\_

Do you want all notices to be sent to the above listed address?      Yes      No

If no, state the address where you would like notices to be sent:  
\_\_\_\_\_  
\_\_\_\_\_

Date and time of the incident: \_\_\_\_\_

Where the incident(s) occurred: \_\_\_\_\_

Description of the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of injury, damage and/or loss: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of the public employee(s) who caused the injury, damage and/or loss:  
\_\_\_\_\_

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If the claimed amount of the injury, damage and/or loss is less than \$10,000 state the amount including the estimated amount of any prospective injury damage and/or loss and the basis for the amount claimed:

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Signature

Date

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**Office Use Only**

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**Date Received:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Claim Resolved**      Yes      No

**If Yes, what was the result:** \_\_\_\_\_

**Claim Denied:**      Yes      No