



For OCPA Office Use:
Received by _____ via:
Mail In person
Date: _____

Claim for Money or Damages
(Pursuant to Gov. Code § 910 *et seq.*)

Mail Completed Form to:
Orange County Power Authority
15642 Sand Canyon Avenue
P.O. Box 54283,
Irvine, CA 92619-4283
Attn: Claims Administrator

or

Deliver Completed Form to:
Orange County Power Authority
15310 Barranca Parkway, Suite 250
Irvine, CA 92618
Attn: Claims Administrator

PLEASE NOTE:

1. Claims for death, injury to person or to personal property must be filed not later than six months after the occurrence. (Gov. Code § 911.2).
2. Claims for damages relating to any other type of occurrence must be filed not later than one year after the occurrence. (Gov. Code § 911.2).
3. Carefully review, complete and submit the entire original Claim for Money or Damages form. No copies or faxes accepted. Please make and retain at least one copy for your records.
4. Attach separate sheets, if necessary, to provide full details.
5. This form must be signed by the claimant or a person on his/her behalf. (Gov. Code § 911.2).
6. This form is for the convenience of those desiring to present claims against OCPA. Claimant is advised to consult a private attorney if legal advice is desired. OCPA employees may not give legal advice to any claimant relating to private claims.

Name of Claimant: _____ Date of Birth: _____

Home Address, City, State, Zip: _____

Home Telephone Number: _____ Mobile Telephone Number: _____

Address to which notices or communications should be sent regarding this claim (if different from above): _____

Describe the circumstances of how the accident/incident/loss occurred including the reason you believe OCPA is liable for your damages. Please include as much detail as possible.

When did DAMAGE or INJURY occur? Exact date (including year) and time of the damage or injury.

Where did DAMAGE or INJURY occur? Please describe fully. If appropriate, attach a diagram with street names, nearest cross streets, addresses, and measurements from landmarks; indicate the place of the accident with an "X." Please indicate where North is on the diagram.

What particular ACT or OMISSION do you claim caused the injury or damage? Please give names of OCPA employees causing the injury or damage and identify any vehicles involved by license plate number, if known.

Please list names and address of witnesses, doctors and hospitals, if any.

What DAMAGE or INJURIES do you claim resulted? Please give full extent of injuries or damages claimed.

What is the AMOUNT of your claim as of the date of presentation of the claim, including the estimated amount of any damages/injury/loss, together with the basis of computation of the amount claimed, with estimates and bills, if appropriate. Please itemize the damages/injury/loss.

If you have received any insurance payments, please give the names of the insurance companies.

List the number of additional pages attached: _____.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM
(Pursuant to Penal Code § 72)

In the event a legal action is filed and it is determined that the action was not filed in good faith and with reasonable cause, OCPA may seek to recover its costs of defense.

I have read the matters and statements in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information and belief and as to such matters, I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

Signature of Claimant/Claimant's Representative

Date

Printed Name: _____

THIS CLAIM FORM MUST BE SIGNED

REV 03/2024