



Information and Instructions for  
Filing a Sewer Overflow Claim Against the  
Sacramento Area Sewer District

**Claims MUST be filed at the following location:**

Sacramento Area Sewer District  
Clerk, Board of Directors  
700 H Street, Rm. 2450  
Sacramento, CA 95814

**Questions regarding the claims process should be referred to:**

**Sacramento Area Sewer District**  
Customer Service Liaison  
(916) 876-6148

**This form is only to be filed for a claim related to SEWER OVERFLOW.**

Any other claim filed against the Sacramento Area Sewer District must be processed through the County of Sacramento, Department of Risk Management.

To obtain information about filing a **non-sewer overflow claim**, contact the **County of Sacramento Risk Management** office at (916) 876-5022 or 876-5023, or look on the Risk and Loss Control Division website at <http://hra.co.sacramento.ca.us/liability/liability.htm>.

You must file your claim form, by mail or in person, with The Clerk of the Board of Directors, 700 H Street, Rm. 2450, Sacramento, CA 95814, **within the time limits prescribed by Government Code section 911.2**, which states: "A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than one year after the accrual of the cause of action."

The claim shall be signed by you or by some person on your behalf, and shall include all of the information required by Government Code section 910.

### Sacramento Area Sewer District Self-Insurance Program

The Sacramento Area Sewer District is a self-insured public entity, which operates its claims program in accordance with regulations that are set forth in the Government Code of the State of California. With self-insurance, a business pays for its losses with its own resources.

Since the District is a self-insured public entity, **you are strongly urged to read all instructions and make yourself aware of the rules and regulations that apply to filing a claim against a public entity.** If you do not comply with the filing requirements, your claim may be returned as insufficient (Government Code section 910.8).

### Are you filing a Late Claim?

Government Code Section 911.2 states: “A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (commencing with Section 915) not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with Section 915) not later than one year after the accrual of the cause of action.”

If you are filing your tort claim after the six-month filing period, you must explain to the District your reason(s) for the delay. This is called an “Application for Leave to Present a Late Claim” (see Govt. Code section 911.4). There is no application form, therefore your application should be in the form of a letter with the proposed claim attached. The District shall consider the application in accordance with Government Code section 911.6, which lists legally acceptable reasons for filing a late claim. The District shall decide whether the application will be accepted. The District will consider the merits of the actual claim **only** if the “Application for Leave to Present a Late Claim” has been accepted.

### Completing the Claim Form

You will need to provide the following information if you are submitting a claim to the Sacramento Area Sewer District:

**1. Claimant Name:** Full name of the person claiming injury, damage or loss.

**2. Date of Birth:** Date the claimant was born. The District must know if the claim is being filed by, or on behalf of, a minor.

**3. Claimant’s Address:** Current home address of the claimant.

**4. Address Where Notices Are To Be Sent:** The mailing address to which the person presenting the claim desires notices to be sent.

**5. Phone Numbers:** Provide current home and work phone numbers. If you have a mobile phone, please provide that as well.

**6. Amount of Claim:** Enter the total amount of your claim as of the date of presentation of the claim. Include the estimated amount of any prospective injury, damage or loss, insofar as it may be known at the time of presentation of the claim.

**7. Date of Incident:** The exact date of the incident that caused the alleged injury, damage or loss.

**8. Location of Incident:** Provide a specific location (complete address, including suite or apartment number, and affected area(s) within the structure) where the incident that caused the alleged injury, damage or loss occurred. Include as much information as you can with respect to the location and affected area(s). This is vital to the investigation of your claim.

**9. How Did This Incident Occur?:** Provide a detailed account of the events that led up to the alleged injury, damage or loss. Include all information that you believe supports your claim that the District is responsible for the alleged injury, damage or loss.

**10. Describe Injury, Damage or Loss:** Provide a detailed account of your alleged injury, damage or loss that resulted from the incident. Attach a separate sheet if necessary.

**11. Name(s) of Public Employees Causing Injury, Damage or Loss (if known):** Please list the name(s) of the District employee(s), and/or other public employees that allegedly caused the injury, damage or loss.

**12. Itemized List of Expenses/Damages:** Provide a detailed, itemized breakdown of the amount of your total claim shown in item #6. The basis of computation of the amount claimed must be provided. Attach a separate sheet if necessary.

**13. Signed By, or For, The Claimant:** A claim may be presented by the claimant, or by a person acting on his behalf. The person that presented the claim to the District for consideration should sign the claim form.

If you have any questions regarding the claims process, please contact the Sacramento Area Sewer District – Customer Service Liaison – (916) 876-6148.

**NOTE: A SEPARATE CLAIM FORM IS REQUIRED FOR EACH CLAIMANT.**



11. Name(s) of District Employee(s) Involved: \_\_\_\_\_

12. Itemized List of Claimed Expenses / Damages (should equal Line 6)

ITEM	DOLLAR AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Board of Directors Stamp**

  
  
  
  
  
  
  
  
  

**Do Not Write In This Space**

**TOTAL CLAIM \$** \_\_\_\_\_

(Please attach any estimates\* and/or receipts to your claim)

\*One written estimate required if repairs are less than \$1,000

\*Two written estimates required if repairs are more than \$1,000

Section 72 of the Penal Code states: "Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, 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, or by a fine not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine."

13. Signature of Claimant/Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Information:

\_\_\_\_\_