



Truckee Carson Irrigation District Damage Claim Form

Damage claims must be filed with the District Office within 30 Calendar days of the incident.

Name of person reporting claim (Please Print): _____ Date: _____ Initials: _____

Property Owner's Name			
Address of Injured Party			
Location of Damaged Property (If different)			
Serial Number/APN		Lateral and Takeout	
Phone Number:		Alt. Phone Number:	
Date of Damage:		Estimated Damages:	\$
Sherriff/Police Report Number:		Fire Department Report Number:	Email:

Damage Description:
 Give a full description of damaged property, extent of damage, and location of damage. Attach all documents to verify claim, invoices, canceled checks, estimates from contractors etc.

- Mitigation of Damages:** To what extent, if at all, have damages been mitigated? (Mitigation could include, as an example, removal of personal property to another location: _____)
- Have you pursued a damage claim through your personal insurance carrier? Yes: No:
Name of Carrier: _____
- Waiver of Claims:** In the event that the damage claim is approved for payment by the District, are you willing to waive all present and future legal remedies? Yes: No:

Requested Repairs:

Signature of Person Filing Report: _____ **Date:** _____

Signing this form is acknowledgement of the damages listed. No changes or alterations will be accepted after this date.

Date Report Received by TCID: _____	Signature of staff receiving report: _____
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