

OCFA Clerk of the Authority
Received: _____

OCFA Risk Management
Received: _____



**ORANGE COUNTY FIRE AUTHORITY
CLAIM FOR DAMAGES TO PERSON OR PROPERTY**

This document and any supportive materials provided by the claimant are deemed public records

Please read instructions before completing the claim form.

Section I: Claimant Information (please print)

Name of Claimant Area Code/Telephone Number (_____)_____

Mailing Address City State Zip Code

Section II: Claim Information (please print)

Please describe the specific damage or injury allegedly incurred as a result of the incident.

Date and location of incident: (Please include the street address, city or county, highway number, and direction of travel if applicable.)

Please describe the circumstances that led to the claimed damage or injury. State all facts that support your claim against the Orange County Fire Authority (OCFA), and why you think OCFA is responsible for the damage or injury. If known, provide the name(s) of the OCFA employee(s) who you believe caused the injury or damage. (If you require more space, please attach an additional sheet of paper.)

Dollar Amount of Claim \$ _____ Explain how the dollar amount was computed.
(Attach receipts/estimates.)

Section III: Representative Information (Must be completed if claim is being filed by attorney or authorized representative)

Name of Attorney/Representative (*please print*)

Mailing Address City State Zip Code

Area Code/Telephone Number E-Mail Address

Section IV: Notice and Signature

Signature of Claimant Date

Signature of Attorney/Representative Date