



MOUNTAINS RECREATION & CONSERVATION AUTHORITY
Los Angeles River Center and Gardens
570 West Avenue Twenty-six, Suite 100
Los Angeles, California 90065
Phone (323) 221-9944 Fax (323) 221-9934

MOUNTAINS RECREATION AND CONSERVATION AUTHORITY CLAIMS FORM

Please be sure to complete all applicable sections of Claims Form. Please print or type legibly. Be sure to attach all receipts, bills, estimates or other documents that support your claim. Include two copies of this form and attachments and keep a copy for your own records. Mail completed form to the above address, Attention: Staff Counsel.

Claimant Information

1. Name:
2. Telephone number:
3. Mailing address:
4. Best time and way to reach you:
5. Is claimant under 18? YES NO
- 5a. If yes, please give date of birth:

Attorney or Representative Information

6. Name:
7. Telephone number:
8. Mailing address:
9. Relationship to claimant:

Claim Information

10. Date of incident: (If incident occurred more than 6 months ago, please provide additional form explaining the late filing.)

11. Estimated dollar amount of claim:

12. Please provide explanation on how amount was calculated: (Attach additional sheet, if necessary.)

13. Location of incident:

14. Describe specific damage or injury: (Attach additional sheet, if necessary.)

15. Explain circumstances that led to the damage or injury: (Attach additional sheet, if necessary.)

16. Explain why you believe the MRCA is responsible: (Attach additional sheet, if necessary.)

Notice and Signature

17. I declare, under penalty of perjury under the laws of the State of California that all the information I have provided here is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading, I may be charged with a felony punishable up to four years in state prison and/or fine of up to \$10,000 (Penal Code section 72.)

Signature of Claimant or Representative

Date