

**TRUCKEE-CARSON IRRIGATION DISTRICT
DAMAGE CLAIM FORM**

Requested by:

Date: _____

Name: _____

Address: _____

Phone: _____

Owner: (if different than above)

Name: _____

Address: _____

Phone: _____

Property Damaged:

Give full description/extent of damage/location of damage. Attach all documents to verify claim, invoices, canceled checks, estimates from contractors, etc.

Requested Repairs:

