



# SCOTTS VALLEY FIRE PROTECTION DISTRICT

7 Erba Lane, Scotts Valley, California 95066 (831) 438-0211 Fax (831) 438-0383

## Claim

Claim of: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount of Claim: \$ \_\_\_\_\_ Account #: \_\_\_\_\_

**Clearly state what the claim is for and attach RECEIPTS.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned, under the penalty of perjury, states that the above claim and items therein set out are true and correct, that no part thereof has heretofore been paid, and the amount therein is justly due, and that the claim is presented within one year after last item thereof has accrued.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_