Please report any injuries or incidents which occurred during the use of the facilities to:

Risk Management Division

County of Riverside

P.O. Box 1210

Riverside, CA 92501

Phone - (951) 955-3540

Fax - (951) 955-5855

The Claims Department will require all of the below information in order to properly file and process the claim:

1) Name of the Event Holder

2) Name of the Public Entity

3) Date of the Occurrence

4) Copy of the Certificate