

**Santa Barbara County, Energy Division
Local Fishermen's Contingency Fund
15-Day Report Form**

Note: No compensation may be awarded unless a completed application form has been received within 90 days from the date of the casualty (per Approved Guidelines, Local Fishermen's Contingency Fund).

INSTRUCTIONS:

In order to gain a presumption that the damage or loss for which you will file a LFCF claim was caused by an item related to offshore oil and gas industry activities, you must submit the information required by this form to Santa Barbara County Energy Division or it's Claims Administrator within 15 days after the date your vessel first returned to port after discovering such damage or loss.

Please remember that in addition to this 15-day report, you must also send or hand deliver a completed claim form, within 90 days after the damage was first discovered, to the Claims Administrator: Mr. Ray Aromatorio, Carl Warren, Inc., 800 Garden St., Suite B, Santa Barbara, CA 93101, (800) 322-5779, (805) 963-0695, fax (805) 966-7128.

Date: _____

APPLICANT INFORMATION:

Corporate Name _____ Tax Identification Number: _____
(if applicable) (if applicable)

Name _____ Social Security Number _____

Street Address _____ Telephone Number (____) _____

City _____ State _____ Zip+4 _____

Vessel Name _____ Coast Guard Document No. _____
or CA Reg. No. (if no USCG #) _____

DAMAGE/LOSS INFORMATION:

Location of Obstruction (Use Loran-C, GPS Latitude Longitude, or the best available positioning fix)

Description of the nature of Damage or Loss:

Date and Time of Discovery of Damage or Loss: _____

Date Vessel First Returned to Port _____

Remarks: