

CLAIM FORM

(Please Type Or Print)

CLAIM AGAINST _____
(Name of Entity)

Claimant's Name _____ EIN # (if applicable): _____

Claimant's Date of Birth (if applicable) _____ Telephone # (____) _____

Claimant's Address _____

Address where notes about Claim are to be sent, if different from above:

Date of Transaction/Remission: _____

Date Payment, Loss, Tax Year or Income Period : _____

Location of Payment/Transaction/Remission: _____

Explanation or Refund/damage or loss? _____

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What amount of money is claimant seeking, or if amount is in excess of \$10,000, which is the appropriate court of jurisdiction. Note: if Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" [see Government Code 910(f)].

How was this amount calculated (please itemize)? _____

(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: _____ Signature: _____

If signed by Representative:

Representative's Name: _____

Address: _____

Telephone #: _____

Relationship to Claimant: _____

PLEASE READ – IMPORTANT!

Your claim must be filed within 6 months of the incident (Government Code 911.2). Your claim will be forwarded to the City's Risk Manager for Investigation. Following that, your claim will be either settled or denied. You will be notified by mail.

If your claim is denied, you will have 6 months from date of denial to initiate an action against the City. (Government Code 945.6). If you have any questions, please call.