

**CLAIM AGAINST (NAME OF CITY OR TOWN)**

\_\_\_\_\_  
Please return to: City/Town Clerk, (address)

*COMPLETE THE FOLLOWING, ADDING ADDITIONAL SHEETS AS NECESSARY.*

1. CLAIMANT'S NAME (Print): \_\_\_\_\_

2. CLAIMANT'S ADDRESS: \_\_\_\_\_  
(Street or P.O. Box Number - City - State - Zip Code)

3. AMOUNT OF CLAIM \$ \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
(Attach Copies of bills/estimates) WORK PHONE: \_\_\_\_\_

IF AMOUNT CLAIMED IS MORE THAT \$10,000 INDICATE WHERE JURISDICTION RESTS:

Limited Civil Case \_\_\_\_\_

Unlimited Civil Case \_\_\_\_\_

4. ADDRESS TO WHICH NOTICES ARE TO BE SENT,  
IF DIFFERENT FROM LINES 1 AND 2 (PRINT): \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street or P.O. Box Number)  
\_\_\_\_\_  
(City - State - Zip Code)

5. DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

6. DESCRIBE THE INCIDENT OR ACCIDENT INCLUDING YOUR REASON FOR BELIEVING THAT THE CITY IS  
LIABLE FOR YOUR DAMAGES:

7. DESCRIBE ALL DAMAGES WHICH YOU BELIEVE YOU HAVE INCURRED AS RESULT OF THE INCIDENT:

8. NAMES(S) OF PUBLIC EMPLOYEE(S) CAUSING THE DAMAGES YOU ARE CLAIMING:

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\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

Any person who, with intent to defraud, presents any false or fraudulent claim may be punished by imprisonment or fine or both.

**Note: You must file a claim in compliance with Government Code Section 911.2.**