

To: Town Clerk, Town of Fairfax, 142 Bolinas Rd., Fairfax, CA 94930 (415) 453-1584

**CLAIM AGAINST THE TOWN OF FAIRFAX
(Government Code Section 910)**

Claimant's Name: _____

Claimant's Social Security Number: _____ Date of Birth: _____

Claimant's Address: _____

Claimant's Phone Numbers: Home: _____ Work: _____

Address where notices about claim are to be sent if different than above:

Date of incident/accident: _____

Date injuries, damages or losses were discovered: _____

Location of incident/accident: _____

What Town or employee did to cause this loss, damage or injury:

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

Name(s) of the Town's employee(s) who caused this injury, damage, or loss (if known):

What specific injuries, damages, or losses did claimant receive? _____

(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: _____ Telephone Number: _____

Representative's Address: _____

Relationship to Claimant: _____

WARNING: It is unlawful to make knowingly a false claim. In addition, please note that, pursuant to Section 128.5 and 1038 of the California Code of Civil Procedure, the Town may seek to recover all costs of defense in the event an action is filed in this matter and it is determined that the action was not brought in good faith and with reasonable cause.