



TOWN OF LOOMIS
3665 Taylor Rd., P.O. Box 1330
LOOMIS, CALIFORNIA
(916)652-1840 ☎ (916)652-1847

CLAIM FORM

(A claim must be presented by the claimant or by a person acting on his or her claimant's behalf.)

1. What is the name, post office address, and phone number of the claimant? (Please Print)

NAME: _____

ADDRESS: _____

PHONE: _____

2. List the postal address to which the person presenting the claim desires notices to be sent: _____

3. List the date, place, and other circumstances of the occurrence or transaction which gave rise to the claim asserted::

DATE: _____ PLACE: _____

Tell what happened-give complete information: _____

4. Give a general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim: _____

5. Give the name or names of the public employee or employees causing the injury, damage, or loss if known: _____

6. Show the amount claimed as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed: _____

Date: _____ Time: _____

SIGNATURE: _____

Printed name: _____

NOTE: Please print legibly on this form, use another sheet of paper and attach if you need more room. Please answer all questions. Omitting information may make your claim *legally insufficient*.

Staff Only

Received By: _____ Date: _____ Time: _____

Referred To: _____ Date: _____ Time: _____