



# CLAIM AGAINST THE CITY OF PETALUMA

**Submit in person or mail to:**

Office of the City Clerk  
11 English Street  
Petaluma, CA 94952

*New Claim*  
*Amended Claim*

Received Via

\_\_\_ in person  
\_\_\_ mail

For City Clerk's Date Stamp Only

*Claims for death, injury to person or to personal property must be filed not later than six months after the occurrence. All other claims for damages must be filed not later than one year after the occurrence. (Govt Code Sec. 911.2)*

*Presentation of a false claim with an intent to defraud is a felony (Penal Code Section 72). Claims are subject to disclosure under government code section 6250 et seq.*

**1. Claimant's Name and Home Address, City, State, Zip**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**2. Send Official Notices and Correspondence to: (Name, Address, City, State, Zip)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**3. Claimant's Date of Birth**

\_\_\_\_\_

**4. Are you a Medicare Beneficiary?** ☐ Yes ☐ No

**5. Date of Incident**

\_\_\_\_\_

**6. Time of Incident**

\_\_\_\_\_

**7. Address and/or Description of Incident Location**

\_\_\_\_\_

**8. Basis of Claim. State in detail all facts and circumstances of the incident. Identify all persons, entities, property, and City Departments involved. State why you believe the City is responsible for the alleged injury, property damage, or loss (add pages as needed).**

**9. Names of Involved City Employees and/or Departments, if known**

**10. Description of Claimant's injury, property damage, or loss (add pages as needed)**

**11. (a)** If the amount of damages is less than \$10,000, enter the exact amount and attach supporting documents that show how the amount was calculated.

*\*For vehicle repairs, include two (2) estimates*

Enter exact amount, if < \$10,000:

(b) If the amount claimed exceeds \$10,000, indicate whether the claim would be a limited or unlimited civil case.

Limited Civil Case (less than \$25,000)

Unlimited Civil Case (greater than \$25,000)

**12. Witness Names (if any)**

\_\_\_\_\_  
\_\_\_\_\_

**Address**

\_\_\_\_\_  
\_\_\_\_\_

**Phone**

\_\_\_\_\_  
\_\_\_\_\_

**The undersigned hereby presents the following claim against the City of Petaluma in accordance with the provisions of Government Code section 910, et seq. Please direct questions to Risk Management, [riskmgt@cityofpetaluma.org](mailto:riskmgt@cityofpetaluma.org), (707) 776-3696.**

**13.**

Signature of Claimant or Claimant's Representative

Date

Print Name

Relationship to Claimant