

File With:

Dept. of City Clerk
City of San Rafael
1400 Fifth Avenue, Room 209
San Rafael, CA 94901

P.O. Box 151560
San Rafael, CA 94915-1560

CLAIM FOR MONEY OR DAMAGES AGAINST THE CITY OF SAN RAFAEL

RESERVE FOR FILING STAMP

CLAIM NO.: _____

Pursuant to Government Code section 911.2, all claims for injury or damage to persons or personal property must be presented to the City within six (6) months of the incident. Claims for all other damages, including damage to real property, must be presented within one (1) year of the incident.

A claim must be presented, as prescribed by the Government Code of the State of California, by the claimant or a person acting on his/her behalf and shall show the following:

If additional space is needed to provide your information, please attach sheets, identifying the paragraph(s) being answered.

1. Name and address of Claimant:

Name: _____

Address: _____

Home Telephone: _____

Business Telephone: _____

2. Name and address to which the person presenting the claim desires notices to be sent:

Name: _____

Address: _____

Telephone: _____

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

Date of Occurrence: _____

Time of Occurrence: _____

Location: _____

Circumstances giving rise to this claim: (What happened and how is the City at fault?)

4. General description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of the presentation of the claim: (What are your damages or injuries?)

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

6. **If amount claimed totals less than \$10,000:** State the dollar amount and basis for computation (amount of damage or injury and how you came to that amount):

If amount claimed exceeds \$10,000: Do not state an amount. Check one of the following boxes:

Limited Civil Case (less than or equal to \$25,000) Unlimited Civil Case (more than \$25,000)

Warning: Presentation of a false claim is a felony (Penal Code §72). Pursuant to CCP §1038, the City/Agency may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause.

Signature: _____ Date: _____

You are required to provide the information requested above in order to comply with Government Code §910.

In order to assist the City in its investigation of your claim, the following additional information is requested (but not required):

7. Claimant(s) Social Security Number(s):

8. Claimant(s) Date(s) of Birth:

9. Name, address and telephone number of any witnesses to the occurrence or transaction which gave rise to the claim asserted:

10. If the claim relates to an automobile accident:

Claimant(s) Auto Ins. Co.: _____ Telephone: _____

Address: _____

Insurance Policy No.: _____

Insurance Broker/Agent: _____ Telephone: _____

Address: _____

Claimant's Veh. Lic. No.: _____ Vehicle Make/Year: _____

Claimant's Drivers Lic. No.: _____ Expiration: _____

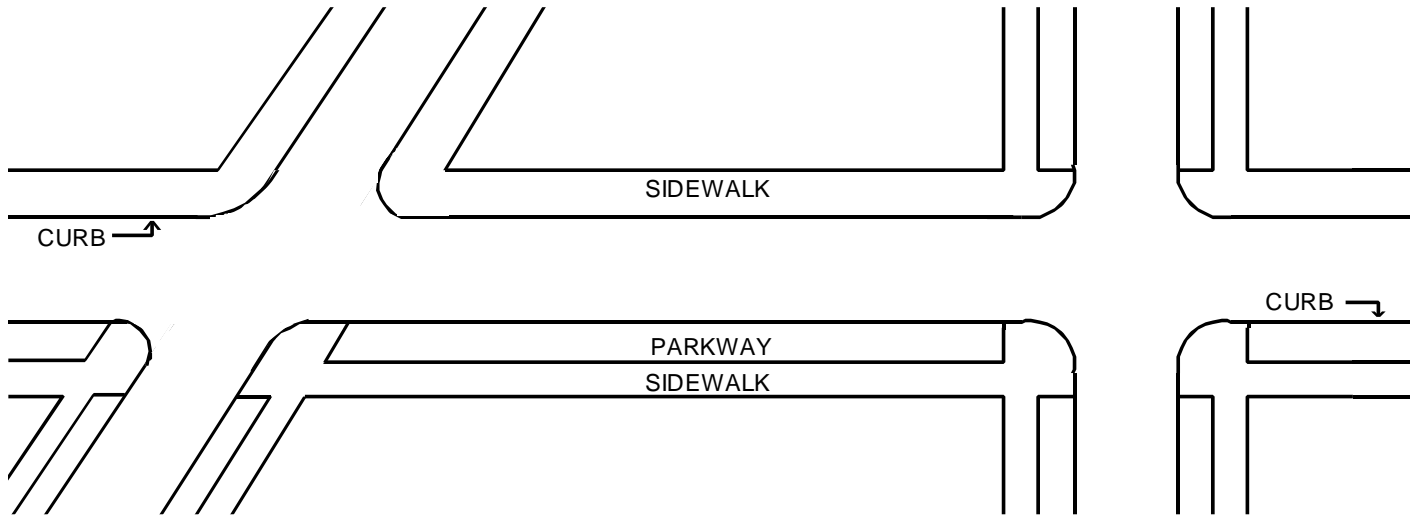
If applicable, please attach any repair bills, estimates or similar documents supporting your claim.

READ CAREFULLY

For all accident claims, place on following diagram name of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. If City/Agency Vehicle was involved, designate by letter "A" location of City/Agency Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw

City/Agency Vehicle; location of City/Agency vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



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Signature: _____

Date: _____