

(City Use Only)

CLAIM AGAINST PUBLIC ENTITY:

CITY OF CALISTOGA

Date Received: _____

By: _____
City Clerk

Claim Number: _____

THE UNDERSIGNED HEREBY PRESENTS THE FOLLOWING CLAIM AGAINST THE CITY OF CALISTOGA IN ACCORDANCE WITH THE PROVISIONS OF GOVERNMENT CODE SECTION 910.

1. Name of Claimant: _____ Date of Birth: _____

Address of Claimant: _____
Street City, State, Zip

Social Security Number: _____

Telephone Number: Work: _____ Home: _____

2. The address to which notices from the City are to be directed (if different than above):

3. Date of Incident: _____ Time of Incident: _____

4. Location of Incident: _____

5. Description of Incident or Accident, including your reason for believing the City is liable for your damages: _____

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6. Description of all damages you believe you have incurred as a result of the incident: _____

7. Name(s) of any public employee(s) causing the injury, damage or loss you are claiming:

8. As of the date of the presentation of this claim, please indicate the following:

a) The dollar amount of my claim is less than \$10,000 and I am claiming a total of
\$ _____.

The dollar amount of my claim is more than \$10,000. The court that has jurisdiction over this
claim is.

Municipal Court

Superior Court

9. If this is a claim for indemnity, on what date were you served with the underlying lawsuit?

Type or Print Signature of Claimant or Representative

Signature of Claimant or Representative

Date