

CLAIM FOR MONEY OR DAMAGES

**TO: CITY CLERK
CITY OF MODESTO
PO Box 642
Modesto, CA 95353
(209) 577-5446**

WARNING

Be sure your claim is filed with the City Clerk no later than 6 months after date of the incident. (see Government Code Section 910 et seq)

1. Name of Claimant: _____
2. Address: (Street) _____
(City) _____ (State) _____ (Zip Code) _____
3. Claimant's Telephone (Home) _____ (Work) _____ (Other) _____
4. Notices to be sent to: (if other than to above address)
 - a. Name: _____ Relation to Claimant: _____
 - b. Address (Street) _____
(City) _____ (State) _____ (Zip Code) _____
 - c. Telephone: (Home) _____ (Work) _____ (Other) _____
5. Provide information in detail regarding the claim:
 - a. What damages and/or injury did you suffer - describe in detail:

 - b. Date _____ Time _____ Location _____

 - c. How did damage and/or injury occur: _____

 - d. State why you believe City is responsible or involved: _____

 - e. Identify City employee(s) causing damage or injury: _____

 - f. Amounts claimed (personal injury): \$ _____ (property damage) \$ _____
(Attach supporting medical bills, invoices, repair estimates, etc)
6.
 - a. If your claim does not exceed \$10,000 state the total amount claimed: _____
 - b. If your claim exceeds \$10,000 indicate whether your claim would be a limited civil case (if the amount claimed does not exceed \$25,000 it is treated as a limited civil case):
_____ The total claim does not exceed \$25,000
_____ The total claim exceeds \$25,000
7. List names, addresses, phone number of any witness: _____

8. List names, address, hospital, clinics, physicians: _____

9. List your insurance company, name address and payments made if any: _____

Note: Presentation of a false claim is unlawful (Cal Penal Code Sec 72)