



CLAIM PRESENTED TO THE CITY OF SAN RAMON

Please read the instructions before completing.

1. Claimant Name: _____
 Claimant Address: _____
 City, State, Zip: _____
 Day Phone: _____ Evening Phone: _____

2. When did the damage or injury occur? Police Report # _____
 Date: _____
 Time of day: _____

3. At which location did the damage or injury occur?

4. What happened and why do you think the City is responsible?

5. Name and position of responsible City Employee(s), if known:

6. Witnesses:

7. What damage or injury occurred?

8. Claim Amount: \$ _____

9. How did you arrive at the amount claimed? Please attach documentation.

10. I declare under penalty of perjury under the laws of the State of California that the following information is true and correct, and that this declaration was executed on _____, 20__ , at _____, California.

Signature of Claimant or Representatives Signature

Official Notices and Correspondence

If represented by an insurance company or an attorney, please provide the information requested below.

Name and Capacity: _____

Complete Mailing Address: _____

Daytime Phone Number: _____

FOR CLAIMS RELATING TO INJURY TO PERSON OR PERSONAL PROPERTY, THIS FORM MUST BE FILED WITH THE CITY OF SAN RAMON WITHIN SIX MONTHS FROM THE ACCRUAL OF THE CAUSE OF ACTION. A CLAIM RELATING TO ANY OTHER CAUSE OF ACTION SHALL BE PRESENTED NO LATER THAN ONE YEAR AFTER ACCRUAL OF THE CAUSE OF ACTION.

PRESENTING A CLAIM TO THE CITY OF SAN RAMON

- PLEASE TYPE OR PRINT CLEARLY ALL OF THE INFORMATION REQUESTED ON THE CLAIM FORM.
- YOU MUST COMPLETE EACH SECTION OR YOUR CLAIM MAY BE RETURNED TO YOU AS INSUFFICIENT.
- THE FOLLOWING PROVIDES SPECIFIC INSTRUCTIONS FOR COMPLETING THE CLAIM FORM.

1. NAME AND MAILING ADDRESS OF CLAIMANT

State the full name and mailing address of the person/persons claiming damage or injury. Please include a daytime and evening telephone number.

2. WHEN DID THE DAMAGE OCCUR?

State the exact month, date, year and appropriate time (if known) of the incident which caused the alleged damage/injury.

Under State law, claims relating to causes of action for personal injury, wrongful death, property damage, and crop damage must be presented to the City of San Ramon no later than six months after the incident date. Please note that evidence of "presentation" includes a clear postmark date on an envelope or a certification of personal service.

When filing a claim beyond the six-month period, you must explain the reason the claim was not filed within the six-month period. This explanation is called "application for leave to present a late claim." In considering your claim, the City will first decide whether the late claim application should be granted or denied. (See Government Code §911.4 for the legally acceptable reasons a claim may be filed late.) *Only if your late claim application is granted will the City then consider the merits of your claim.*

Claims relating to any cause of action other than personal injury, wrongful death, property damage, and crop damage must be presented no later than one year after the incident. (See Government Code §911.2).

3. AT WHICH LOCATION DID THE DAMAGE OR INJURY OCCUR?

Please include street address, city, county, intersection, etc. If possible, also include the Police Report number.

4. WHAT HAPPENED AND WHY IS THE CITY RESPONSIBLE?

Please explain the circumstances that led to the alleged damage or injury. State all facts that support your claim with the City and why you believe the City is responsible for the alleged damage or injury. If known, identify the name of the City Department(s) and/or City employees(s) that allegedly caused the damage or injury.

5. WITNESS(ES)

Provide the name, address and phone number of any witness to the incident.

6. WHAT DAMAGE OR INJURY OCCURRED?

Provide in full detail a description of the damage/injury that allegedly resulted from the incident. (What specific damage or injury to you claim resulted from the alleged actions?)

7. CLAIM AMOUNT

State the specific dollar amount you are claiming as a result of the alleged damage/injury. If the damage/injury is continuing or is anticipated in the future, indicated with a "+" following the dollar figure if \$10,000 or under.

8. HOW DID YOU ARRIVE AT THE AMOUNT CLAIMED?

Provide a breakdown of how the total amount that you are claiming was computed. You may declare expenses incurred and/or future, anticipated expenses. If you have supporting documentation (i.e. bills, payment receipts, cost estimates) please attach copies of them to your claim.

9. SIGNATURE

The claim must be signed by the claimant or by the attorney/ representative of the claimant. The City will not accept the claim without a proper signature. Government Code §910.2 provides "The claim shall be signed by the claimant or by some person on his/her behalf."

10. OFFICIAL NOTICES AND CORRESPONDENCE

Provide the name and mailing address of the person to whom all official notices and other correspondence from the City should be sent, only if other than the claimant. Please provide telephone numbers for the representative, if applicable.

➤ SUBMIT COMPLETED AND RELATED DOCUMENTATION TO:

The City Clerk
City of San Ramon
7000 Bollinger Canyon Rd.
San Ramon, CA 94583

PERSONAL SERVICE OF CLAIMS CAN BE ACCOMPLISHED DURING REGULAR CITY BUSINESS HOURS (8:30 A.M. TO 5:00 P.M.) MONDAY THROUGH FRIDAY (EXCLUDING CITY HOLIDAYS).

- IF YOU WISH TO RECEIVE A STAMPED COPY OF YOUR CLAIM, RETURN THE FORM TO THE CITY CLERK WITH A COVER LETTER, ALONG WITH A STAMPED, SELF-ADDRESSED ENVELOPE INFORMING THE CITY OF YOUR REQUEST.
- YOU WILL RECEIVE A LETTER FROM THE RISK MANAGEMENT OFFICE INDICATING YOUR CLAIM HAS BEEN RECEIVED AND IS BEING INVESTIGATED. YOU WILL RECEIVE AN EXPLANATION OF THE INVESTIGATION RESULTS WITHIN 45 DAYS IN MOST INSTANCES.
- IF, AFTER READING THESE INSTRUCTIONS, YOU HAVE QUESTIONS OR NEED ADDITIONAL INFORMATION REGARDING THE FILING OF A CLAIM WITH THE CITY OF SAN RAMON, PLEASE CONTACT THE CITY CLERK'S STAFF AT 925-973-2539.