



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.