

CITY CLAIM # _____

POLICE RPT. # _____



(FOR OFFICIAL USE ONLY)
U.S. Mail Hand Delivery Other

CLAIM AGAINST CITY OF NAPA

Please return to: City Clerk, 955 School Street, Napa, CA 94559 / Tel: (707)257-9503 Fax: (707)257-9534

CLAIM FORMS MUST BE FILLED OUT COMPLETELY. DO NOT LEAVE ANY BLANK SPACES. ADD ADDITIONAL SHEETS AS NECESSARY.

1. CLAIMANT'S NAME (PRINT): _____

2. CLAIMANT'S ADDRESS: _____
(Street or P.O.Box Number) (City, State, Zip Code)

3. HOME PHONE: _____ WORK PHONE: _____

IF YOUR CLAIM IS FOR UNDER \$10,000, STATE THE TOTAL ESTIMATED AMOUNT HERE \$_____, AND SET FORTH THE CALCULATIONS SUPPORTING THE TOTAL AMOUNT OF YOUR CLAIM.

IF YOUR TOTAL CLAIM IS ESTIMATED AT \$10,000 OR MORE, CHECK THE BOX INDICATING WHETHER YOUR CLAIM WOULD BE A LIMITED CIVIL CASE (\$25,000 OR LESS), OR AN UNLIMITED CIVIL CASE.

4. ADDRESS TO WHICH NOTICES ARE TO BE SENT:
IF DIFFERENT FROM LINES 1 AND 2 (PRINT) _____
(NAME)

(STREET or P.O. BOX NUMBER) (CITY, STATE, ZIP CODE)

5. DATE OF INCIDENT: _____ TIME OF INCIDENT: _____
LOCATION OF INCIDENT: _____

6. DESCRIBE THE INCIDENT OR ACCIDENT INCLUDING YOUR REASON FOR BELIEVING THE CITY IS LIABLE FOR YOUR DAMAGES: _____

7. DESCRIBE ALL INJURIES AND DAMAGES WHICH YOU BELIEVE YOU HAVE INCURRED AS A RESULT OF THE INCIDENT: _____

8. NAME(S) OF PUBLIC EMPLOYEE(S) CAUSING THE DAMAGES YOU ARE CLAIMING (IF APPLICABLE):

9. WITNESS: _____
(NAME) (ADDRESS) (TELEPHONE) (SIGNATURE)

SIGNATURE OF CLAIMANT (S) Date

Any person who, with intent to defraud, presents any false or fraudulent claim may be punished by imprisonment, fine, or both.
Note: Most claims must be filed within 180 days of incident. See Government Code Section 900 et seq.