

City of Novato
CLAIM FORM
(Please Type or Print)

Claim Against: (NAME OF ENTITY): _____

Claimants Name: _____

Claimants Address: _____

Home Phone: _____ Business Phone: _____

Address where notices about claim are to be sent, if different from above:

Date of Incident/Accident: _____

Date injuries, damages, or losses were discovered: _____

Location of Incident/Accident: _____

What did entity or employee do to cause this loss, damage or injury? _____

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What are the names of the entity's employees who caused this injury, damage, or loss (if known)?

What specific injuries, damages, or losses did claimant receive? _____

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What amount of money is claimant seeking, or if amount is in excess of \$10,000, which is the appropriate court of jurisdiction. Note: If Superior and Municipal Courts are consolidated, you must represent whether it is a limited civil case [see Government Code 910(f)] _____

How was this amount calculated (please itemize?) _____


(Use back of this form or separate sheet if necessary to answer this question in detail.)

Note: Social security number and date of birth will be required if the claim is settled and payments are made to the claimant. Federal law requires that all payments to claimants are reported.

Signature:	Date Signed:
IF SIGNED BY REPRESENTATIVE:	
Representative's Name:	Address:
Telephone Number:	
Relationship to Claimant:	

WARNING

Please be advised that, pursuant to Sections 128.7 & 1038 of the California Code of Civil Procedures, the City will seek to recover all costs of defense in the event that an action is filed in this matter and it is determined that the action was not brought in good faith and with reasonable cause.

 <small>THE CITY OF NOVATO CALIFORNIA</small>	Please deliver to : City of Novato 922 Machin Avenue Novato, CA 94945
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