

# CITY OF RIO DELL CLAIM FOR DAMAGES

|                     |
|---------------------|
| For Office Use Only |
| Claim No.: _____    |
| Rec'd By: _____     |
| Date: _____         |

***Please read instructions on reverse side completely before filling out this document.***

Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_ SS#: \_\_\_\_\_ Driver's Lic # \_\_\_\_\_

Telephone: Daytime (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Type of Loss:  Personal Injury  Other  Police Report # \_\_\_\_\_

Property Damage  Indemnity- Date complaint served \_\_\_\_\_

Where did damage or injury occur? \_\_\_\_\_

How did injury or damage occur? \_\_\_\_\_

What action or inaction of a City employee(s) caused your injury or damage? \_\_\_\_\_

What injury or damage did you suffer? \_\_\_\_\_

Name of Witnesses:

\_\_\_\_\_  
(Name) (Address) (Phone Number)

\_\_\_\_\_  
(Name) (Address) (Phone Number)

Name of City employees(s) involved? \_\_\_\_\_

***NOTE: Please attach copies of supporting documentation for the amounts claimed.***

***If claim relates to an automobile accident, please answer the following and ATTACH PROOF OF INSURANCE***

Please check here if there was no insurance coverage in effect at time of incident.

Insurance policy # \_\_\_\_\_ Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insurance Broker/Agent \_\_\_\_\_ Address \_\_\_\_\_

**ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street, City, State, Zip)

Daytime Phone (\_\_\_\_) \_\_\_\_\_

**Warning:** California State Law generally requires that most claims against a public entity, such as the City of Rio Dell, be presented within **SIX (6) MONTHS** from the date of the action or incident giving rise to the claim. Certain other claims must be filed within **ONE (1) YEAR** from the action of incident. You should check the Government Code to determine what presentation period applies in your case.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_