



CLAIM AGAINST THE CITY OF CALIFORNIA CITY
Government Code Sections 910 and 910.4

Received By: _____

Date: _____

PLEASE PRINT

Claimant Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone #: (____) _____ and/or (____) _____

Location of Incident: _____ Date of Incident: _____

Description of Incident; Include injury, damage, loss, to the extent known: _____

If Applicable, Provide Name (s) of City employees involved in injury or loss: _____

Amount of Claim to date Actual: _____ Estimated: _____

Provide the following with claim:

- Include Photo(s) (if applicable)
- Three estimates
- Any and all Receipts paid for incident correction
- Any additional documentation pertinent to claim

Date: _____ Signature of Claimant(s): _____

Signature of Person acting on Behalf of Claimant(s) _____