



CLAIM AGAINST THE CITY OF ELK GROVE
(For damages to persons or personal property)
(Please type or print)

Received: _____

Completed claims must be mailed or delivered to:

City Clerk
City of Elk Grove
8401 Laguna Palms Way
Elk Grove, CA 95758

The undersigned respectfully submits the following claim and information relative to damage to persons and/or property:

NAME OF CLAIMANT: _____

ADDRESS OF CLAIMANT: _____

Street City State Zip Code

PHONE NO: Home: _____ Business: _____

DATE OF BIRTH: _____ **EMAIL:** _____

DRIVER'S LICENSE NO.: _____

Name, telephone number and mailing address to which claimant desires notices to be sent if other than above:

Occurrence or transaction from which the claim arises:

DATE: _____ **TIME:** _____ **PLACE(exact or specific location):** _____

How and under what circumstances did damage or injury occur? Describe the particular occurrence, act, or omission you claim caused the damage or injury. (Use additional paper, if necessary): _____

If there were no injuries, state "no injuries" _____

Give the names(s) of the City employee(s) or name of department causing injury, damage or loss (if known):

What specific injuries, damages or losses did claimant receive? (Attach separate sheet, if necessary, to answer this question in detail.): _____

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

Damages incurred to date (itemized):

_____ \$ _____
_____ \$ _____

Estimated prospective damages as far as known:

_____ \$ _____
_____ \$ _____

Name and addresses of all witnesses, hospitals, doctors, etc.:

- a. _____
- b. _____
- c. _____

NOTE: Attach any additional information that might be helpful in considering this claim, e.g., proof of ownership (such as a copy of owner's vehicle registration), estimates/invoices for repair and photos of the damaged property.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM: (Penal Code 72; Insurance Code 556.1)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this _____ day of _____ 20____ at _____

SIGNATURE: _____

If signed by representative:

Representative's _____ Name
Address _____
Telephone _____ #
Relationship to Claimant _____