

CITY OF SACRAMENTO - CLAIM FORM

◆◆◆ PLEASE READ INSTRUCTIONS ON OTHER SIDE FIRST ◆◆◆

For official use only

Name of Claimant _____

(First Name) (Middle Initial) (Last Name)

Home Address _____

City, State, Zip _____ Date of Birth _____

Daytime (____) _____ Evening (____) _____ CDL# _____

Type of Loss: () Personal Injury () Other _____ **Police Report #** _____
() Property Damage () Indemnity-Date complaint served _____

When did injury or damage occur? _____ AM/PM
(Month/Day/Year) (Day of Week) (Time)

Where did injury or damage occur? (Street address, intersecting streets, or other location) _____

How did injury or damage occur? (Describe accident or occurrence) _____

What action or inaction of City employee(s) caused your injury or damage? _____

What injury or damage did you suffer? _____

Name of any witnesses: _____
(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

Name of City employee(s) involved? _____

Amount of Claim: Personal Injury \$ _____ **Property Damage \$** _____ **Other \$** _____

Limited Civil Case: Yes _____ No _____

(State the amount of your claim if the total amount is \$10,000.00 or less. If it is over \$10,000.00, no dollar amount shall be stated, but you are required to state whether the claim would be a limited civil case (total amount of claim does not exceed \$25,000).)

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name _____ Daytime Phone (____) _____

Address (Street, City, State, Zip) _____

Warning: It is unlawful to knowingly present or cause to be presented any false or fraudulent claim for payment of a loss or injury (P.C.550(a)). Every person who violates this paragraph is guilty of a felony punishable by imprisonment in state prison for two, three, or five years and by a fine not exceeding fifty thousand dollars (\$50,000)(P.C.550(c)(1)).

Signature _____

Relationship (self, attorney, guardian, etc.) _____

Date _____

CLAIM AGAINST THE CITY OF SACRAMENTO

INSTRUCTIONS

On the reverse side of the sheet is a claim form CCFORM 6: entitled "City of Sacramento - Claim Form." The original, together with one copy of all attachments, are to be filed with the Office of the City Clerk. Retain one copy for your records. Please send to this address:

Office of the City Clerk
915 I Street
1st Floor Historic City Hall
Sacramento, CA 95814

NOTICE: The City Clerk's Office is the **ONLY** office to which claims may be submitted. Claims are **NOT** to be sent to the City Attorney, Risk Management, or any other City Department.

Please fill out claim form completely. Missing information will delay the processing of your claim. Please Print.

PROCEDURES

Claims received by the Office of the City Clerk are forwarded to the City's Claims Administrator. All claimants are then notified what action will be taken within 45 days (plus additional days if the form is mailed to the City Clerk), or otherwise notified as to the claim itself.

If recommended for denial by the Administrator, your claim will then be submitted to the Sacramento City Clerk for final, official rejection. You will be sent a letter from the Sacramento City Clerk, or her designee, notifying you of the action taken and of any further action necessary or available to you.

The Sacramento Housing and Redevelopment Agency, Sacramento Regional Transit, County of Sacramento, Sacramento Municipal Utilities District, and the Sacramento Unified School District are **separate** from the City of Sacramento and any claims against them must be submitted directly to the Agency or Authority.

*****ALL CLAIMS ARE PUBLIC RECORD*****