

LIABILITY CLAIM AGAINST THE CITY OF ATASCADERO FOR DAMAGES

(Government Code Sections 905, 910, 910.2)

TO: City Clerk
City of Atascadero
6500 Palma Avenue
Atascadero, CA 93422

Received by:
Mail
In Person
Other _____ Date Stamp

Warning: It is a criminal offense to file a false claim (Penal Code Section 72 and Insurance Code Section 556.1).

This claim must be filed with the City Clerk, City of Atascadero, as soon as possible after the accident, event or incident. Make certain the claim is against the City only and not another public entity. Completed forms must be mailed or delivered to the City Clerk at the address indicated above. Where space is insufficient, use additional paper and identify information by paragraph number.

For other claims, consult the Government code for filing items and complete the appropriate sections of this claim form.

The undersigned submits the following claim and information:

1. Full name of Claimant _____
2. Address _____

	Street	City	State	Zip Code
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3. Other Address _____

P.O. Box or alternate address, if any
4. Home Phone _____ Work Phone _____ Date of Birth _____
5. Parent or Guardian (If Claimant is a minor) _____
6. Social Security No. _____ Driver's License No. _____
7. Address to which claimant or representative desires notices to be sent (If different than above):

The date, place and other circumstances of the occurrence:

8. Date _____ Time _____
9. Place (Exact location) _____
10. Circumstances: (Specify the particular occurrence, event, act or omission you claim caused the injury of damage) _____

A general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be know at the time of presentation of the claim:

11. Nature or description of injuries or damage (If no injuries, so state) _____

The Name(s) of the public employee(s) or official(s) causing the injury, damage or loss, if known:

12. Names _____

13. What action(s) of the City employee(s) caused the injury or damage? _____

14. Witnesses to the occurrence:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

15. Amount claimed as of the date of presentation of the claim:

- a. Amount claimed to date: _____
- b. Estimated future costs: _____
- c. Basis of computation of claim: _____
- d. Amount of total claim: _____

(Including all known or estimated loss damages to date.)

The undersigned states that he or she is a person making the above stated claim, or is a person representing said claim and acting on behalf of the claimant and declares under penalty of perjury that the foregoing is true and correct insofar as is know as of this date.

Executed at _____

City of Atascadero

Signature of Claimant

Date _____

Signature of Claimant's Representative

Representative's Address

** Please attach bills, invoices or estimates.

Representative's Phone No.