



CITY OF ROCKLIN

3970 Rocklin Road
Rocklin, California 95677
(916) 625-5560

FOR OFFICIAL USE ONLY

CLAIM FORM

(Government Code Sections 910, 910.2 & 910.4)

\*\*\*PLEASE READ INSTRUCTIONS ON REVERSE SIDE FIRST\*\*\*

Name of Claimant (First Name) (Middle Initial) (Last Name)

Home Address Date of Birth

City, State, Zip

Daytime( ) Evening( ) Cell/Pager( ) Drivers Lic

Type of Loss: Personal Injury Property Damage Other Indemnity-Date Complaint Served Police Report #

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

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(s) of any witnesses:

(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

Name of City employee(s) involved?

Total Amount of Claim: Greater than \$10,000 Less Than 10,000

If Less Than \$10,000 Indicate Amount: Personal Injury \$ Property Damage \$

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

Insurance Broker/Agent Phone ( )

Address

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name (Mr./Mrs./Ms.) Daytime Phone ( )

Address (Street, City, State, Zip)

WARNING: California State Law generally requires that most claims against a public entity, such as the City of Rocklin, 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 or incident. You should check the Government Code to determine what presentation period applies in your case.

(Signature)

Relationship (self, attorney, guardian, etc.)

(Date)

## CITY OF ROCKLIN

### CLAIM FORM

#### **INSTRUCTIONS:**

On the reverse side of this sheet is the City of Rocklin Claim Form. Please fill out the Claim Form completely. Missing information may delay the processing of your claim. Please print. The completed and signed original of this form and all attachments are to be filed with the Office of the City Clerk located at 3970 Rocklin Road, Rocklin, California 95677. Please retain one copy for your records.

**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 or any other City Department.

Claims received by the City Clerk are forwarded to the City's Claims Administrator for investigation. If recommended for denial by the Administrator, your claim will then be submitted to the City Clerk for final action. You will be sent a letter from the City Clerk or her designee notifying you of the action taken and of any further action necessary or available to you.

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