

Town of San Anselmo
525 San Anselmo Avenue, San Anselmo, CA 94960

CLAIM FORM
(Please Type or Print)

CLAIM AGAINST: _____

Claimant's name: _____

Claimant's address: _____

Address where notices about claim are to be sent, if different from above:

Date of incident/accident: _____

Date injuries, damages or losses were discovered: _____

Location of incident/accident: _____

What did the entity or employee do to cause this loss, damage, or injury? _____

(Use the back of this form or separate sheet if necessary to answer this question in detail)

What are the names of the entity's employees who caused this injury, damage, or loss (if known)?

What specific injuries, damages, or losses did claimant receive? _____

(Use back of this form or separate sheet if necessary to answer this question in detail)

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

How was this amount calculated? (please itemize): _____

(Use back of this form or separate sheet if necessary to answer this question in detail)

Date Signed: _____ Signature: _____

If signed by representative:

Representative's Name: _____ Telephone: _____

Address: _____

Relationship to Claimant: _____

WARNING

It is unlawful to make knowingly a false claim. In addition, please note that, pursuant to Sections 128.5 and 1038 of the California Code of Civil Procedure, the Town may seek to recover all costs of defense in the event an action is filed in this matter and it is determined that the action was not brought in good faith with reasonable cause.