

IMPORTANT!

PLEASE READ

Claims for money or damages for death or bodily injury or damage to personal property or growing crops must be filed within 6 months of the incident or injury (Government Code § 911.2).

Complete the attached form in its entirety. Incomplete forms will delay processing and could be returned to you.

Your claim will be forwarded to the City's claims adjuster for investigation. Following that, your claim will be accepted, rejected, or settled in part. You will be notified by mail.

If your claim is rejected, you will have 6 months from the date of rejection to file a lawsuit against the City (Government Code §945.6). If you have any questions, please call (209) 691-7400.

Please return the completed claim form to:

City Clerk
City of Escalon
2060 McHenry Ave.
Escalon CA 95320

Please be sure to keep a copy for your records.



CENTRAL SAN JOAQUIN VALLEY RISK MANAGEMENT AUTHORITY CLAIM FORM B

(Please type or print)

2060 MCHENRY AVENUE | ESCALON, CA 95320 | PHONE 209-691-7400 | FAX 209-691-7409

CLAIM AGAINST: CITY OF ESCALON
(Name of Entity)

Claimant's name: _____

SS#: _____ DOB: _____ Gender: Male ___ Female ___

Claimant's address: _____

Claimant's Telephone Number(s): _____

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

(Please use 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? _____

(Please use back of this form or separate sheet, if necessary, to answer this question in detail.)

If the amount of your claim does not exceed \$10,000, state the total amount claimed: _____

If the amount of your claim exceeds \$10,000, indicate whether your claim would be a "limited civil case" (if the amount claimed does not exceed \$25,000 it is treated as a limited civil case) please check one box:

DOES NOT EXCEED \$25,000 EXCEEDS \$25,000 [see Government Code 910(f)]

How was this amount calculated (please itemize)? _____

(Please use back of this form or separate sheet, if necessary, to answer this question in detail.)

Date Signed: _____ Signature: _____

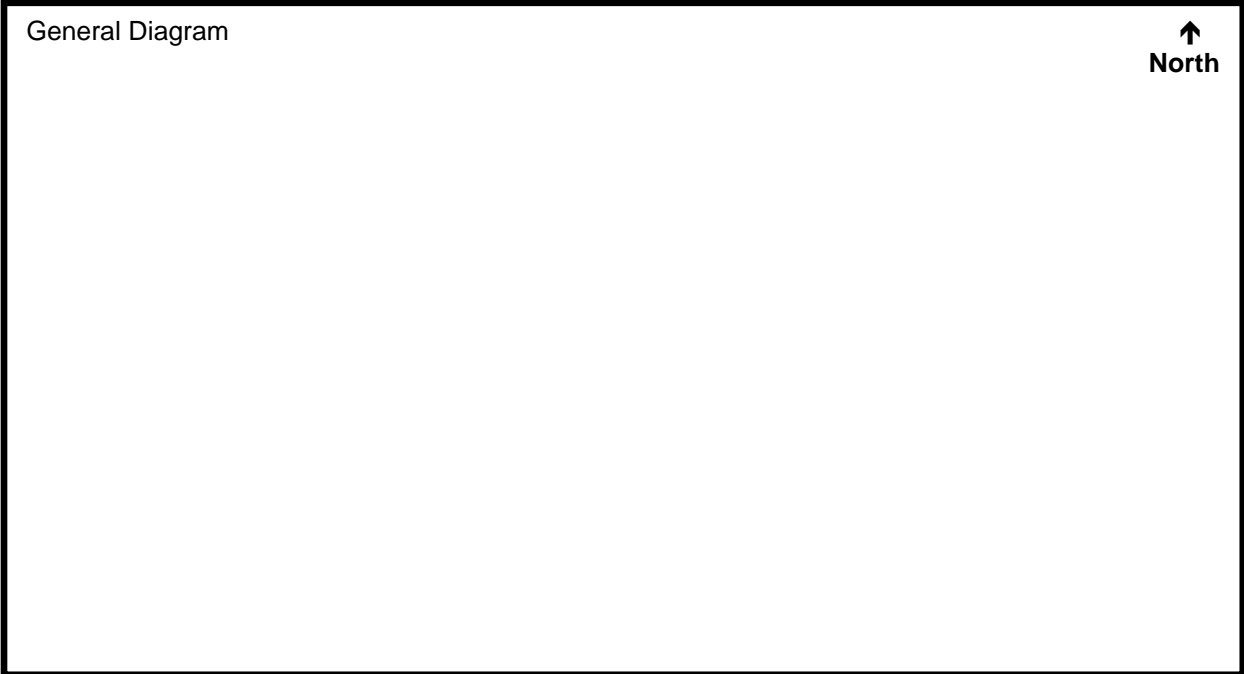
If signed by representative:

Print Representative's Name _____ Telephone _____

Address _____

Relationship to Claimant _____

DIAGRAMS



Street Incidents

North

