

For Official Use Only

# CITY OF AMADOR CITY -- CLAIM FORM

\*\* Adopted for Mandatory Use \*\*

Name of Claimant: \_\_\_\_\_  
(Last) (Middle Initial) (Last)

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please State the Type of Loss:  Personal Injury  Property Damage  
 Other. describe: \_\_\_\_\_

When did your loss occur: \_\_\_\_\_ Where did your loss occur: \_\_\_\_\_  
(Month/Day/Year/Time)

Describe how the loss occurred: \_\_\_\_\_

What action or inaction by the City caused your loss: \_\_\_\_\_

Identify any witnesses: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Identify any City personnel involved and their involvement: \_\_\_\_\_

If your claim is up to, or less than, \$10,000.00, please state the amount of the claim: \$ \_\_\_\_\_. If greater than \$10,000.00, is your claim up to, or less than, \$25,000? No  Yes .

If the claim is up to, or less than, \$10,000.00, please give the amount attributable to the following categories:  
Personal Injury \$ \_\_\_\_\_ Property Damage \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

NOTE: PLEASE ATTACH COPIES OF ALL SUPPORTING DOCUMENTATION FOR THE AMOUNTS CLAIMED.  
PLEASE DO NOT SUBMIT ANY DOCUMENTATION ON CD, DVD OR VIA EMAIL.

All notices and /or communication should be sent to (if different than above):

Name: (Mr./Mrs./Ms.): \_\_\_\_\_ Relation to Claimant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**NOTICE:** Section 72 of the Penal Code states: "Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine, or by imprisonment pursuant to subdivision (h) of Section 1170, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine."

California State Law generally requires that most claims against a public entity, such as the City of Amador City, 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 Government Code to determine what presentation period applies in your case, or seek advice of legal counsel. Nothing in this form is intended to nor should be taken as legal advice, none is hereby given.

I declare under penalty of perjury that I have read the above claim and know the contents thereof; the same facts are true of my own personal knowledge, except those facts stated on information and belief and I believe all such facts to be true.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Claimant: \_\_\_\_\_

County where executed: \_\_\_\_\_