



CITY OF SAUSALITO
420 Litho Street, Sausalito, CA 94965
Phone (415) 289-4100 FAX (415) 289-4167

CLAIM FOR DAMAGES

*NOTE: Please provide all information requested below. Attach additional sheets if necessary.
PLEASE TYPE OR PRINT.*

CLAIM AGAINST: CITY OF SAUSALITO

Claimant's Name _____

Social Security Number _____ Date of Birth _____

Claimant's Address _____

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

Claimant's Phone Number _____ 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? *(Use a separate sheet if necessary to answer this question in detail.)*

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

--- continue on reverse ---

What specific injuries, damages or losses did claimant receive? *(Use a 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 a separate sheet if necessary to answer this question in detail.)*

Date signed _____ Signature _____

If signed by a representative:

Representative's Name _____

Address _____

Telephone Number _____

Relationship to Claimant _____

WARNING: It is a crime to submit a false or fraudulent claim with intent to defraud the public. (Penal Code Section 72)
In addition, please note that, pursuant to Sections 128.5 and 1038 of the California Code of Civil Procedure, the City 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 and with reasonable cause.

RETURN COMPLETED CLAIM FORM AND ALL MATERIALS TO THE CITY CLERK AT THE FOLLOWING ADDRESS:

**City of Sausalito
Claims for Damages
420 Litho Street
Sausalito, CA 94965**

Acceptance of this form for filing does not waive any defects and the City of Sausalito reserves its full rights and defenses as provided by law.