



CLAIM FOR DAMAGES

Name of Claimant: _____

Address of Claimant: _____

Email: _____ Telephone/Cell Phone Number: _____

Date of when Injury or Damage occurred: _____
Month/Day/Year Day of the week Time of Day

Location/Address of where Damage or Injury Occurred: _____

How did the Damage or Injury Occur? Please describe in detail: _____

Name(s) of Employee(s) Involved: _____

What Action or Inaction of the City Employee(s) caused the damage or injury: _____

What Damage or Injury did you suffer: _____

Total Amount of Claim: _____

If the claim totals less than \$10,000.00 as of the date of the presentation of this claim, please attach any bills for medical treatment and expenses and two estimates or bills for personal damaged property. If the claim amount exceeds \$10,000.00, no dollar amount shall be included. However, please indicate whether jurisdiction over the claim would rest in municipal or superior court. Completing this form does not guarantee the acceptance of damages by the City of Soledad. All claims are subject to consideration by the City Council, and the City Attorney will notify the claimant in writing after the City Council has considered them.

SIGN AND DATE THIS CLAIM FORM. IF THE SIGNER IS NOT THE CLAIMANT, INDICATE THE RELATIONSHIP OF THE SIGNER TO THE CLAIMANT. (Parent, Attorney, Etc.)

Signature _____

Date _____

PRESENTATION OF A FALSE CLAIM IS A FELONY