

CLAIM AGAINST CITY OF AUBURN

1225 Lincoln way, Room 9, Auburn, CA 95603

The undersigned hereby presents the following claim against the City of Auburn in accordance with the provisions of Government Code Section 910.

1. Name and Address of Claimant: _____

Telephones: (H) () _____ (W) () _____

2. Mailing Address to which notices from the City are to be directed:

3. Date of Incident: _____ Time of Incident _____

Location of Incident: _____

4. Description of the incident or accident including your reasons for believing that the City is liable for your damages:

(If additional space is required, please attach a separate sheet.)

5. Description of all damages which you believe that you have incurred as a result of the incident:

(If additional space is required, please attach a separate sheet.)

6. The name of any City employees causing the damages that you are claiming (if applicable): _____

7. The dollar amount of all damages that you are claiming (please attach all estimates that are available): \$ _____

8. If this is a claim for indemnity, on what date were you served with the underlying lawsuit? _____

Date _____

Signature of Claimant