

# CLAIM FOR DAMAGES

## CITY OF STOCKTON

**Note:** Claims for bodily injury or death, damage to personal property, or damage to growing crops may be filed on this form, not later than six months after the occurrence out of which the claims arose. All other claims must be filed not later than one year after the occurrence out of which the claims arose. (Refer to California Government Code sections 910.4 and 911.2)

**DIRECTION:** The original claim must be filed with the City of Stockton City Clerk's Office, 425 North El Dorado Street, Stockton, California 95202. Retain the yellow copy for your records.

NAME OF CLAIMANT: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (Middle)

HOME ADDRESS/PHONE: \_\_\_\_\_  
(Number/Street) (City/State/Zip Code) (Phone Number)

BUSINESS ADDRESS/ PHONE: \_\_\_\_\_  
(Number/Street) (City/State/Zip Code) (Phone Number)

**DIRECTION:** Indicate to which address you wish notice sent  HOME  BUSINESS

WHEN DID INJURY OR DAMAGE OCCUR? \_\_\_\_\_  
(Month/Day/Year) (Day of Week) (Time of Day)

WHERE DID INJURY OR DAMAGE OCCUR?  
(Street address, intersecting streets, or other location) \_\_\_\_\_

HOW DID INJURY OR DAMAGE OCCUR?  
(Describe accident or occurrence in complete detail) \_\_\_\_\_

NAME OF CITY EMPLOYEE(S) INVOLVED? \_\_\_\_\_

WHAT ACTION OR INACTION OF CITY EMPLOYEE(S) CAUSED YOUR INJURY OR DAMAGES? \_\_\_\_\_

WHAT INJURIES OR DAMAGES DID YOU SUFFER? \_\_\_\_\_

TOTAL AMOUNT CLAIMED:  Unlimited case--over \$25,000.00  Limited case--\$25,000.00 or less

If under \$10,000.00, please specify amount \$ \_\_\_\_\_

**DIRECTION:** Sign and date this Claim For Damages below. If the signer is not the claimant, indicate the relationship of the signer to the claimant.

\_\_\_\_\_  
(Signature) (Month/Day/Year) (Social Security Number-Optional)

\_\_\_\_\_  
(Relationship of signer, if not claimant)

**DIRECTION:** You may attach and include with this completed form any bills for medical treatment and expenses, and any estimates or bills for personal property damage. Questions may be referred to (209) 937-8233.

**NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (Refer to California Penal Code Section 72)**