

# CLAIM FOR MONEY OR DAMAGES

TO: CITY CLERK  
CITY OF MODESTO  
PO Box 642  
Modesto, CA 95353  
(209) 577-5411

## WARNING

Be sure your claim is filed with the  
City Clerk no later than 6 months  
after date of the incident. (see Govern-  
ment Code Section 910 et seq)

1. Name of Claimant: \_\_\_\_\_
2. Address: (Street) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_
3. Claimant's Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_
4. Notices to be sent to: (if other than to above address)
  - a. Name: \_\_\_\_\_ Relation to Claimant: \_\_\_\_\_
  - b. Address (Street) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_
  - c. Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_
5. Provide information in detail regarding the claim:
  - a. What damages and/or injury did you suffer - describe in detail:  
\_\_\_\_\_
  - b. Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_
  - c. How did damage and/or injury occur: \_\_\_\_\_
  - d. State why you believe City is responsible or involved: \_\_\_\_\_
  - e. Identify City employee(s) causing damage or injury: \_\_\_\_\_
  - f. Amounts claimed (personal injury): \$ \_\_\_\_\_ (property damage) \$ \_\_\_\_\_  
(Attach supporting medical bills, invoices, repair estimates, etc)
6.
  - a. If your claim does not exceed \$10,000 state the total amount claimed: \_\_\_\_\_
  - b. If your claim exceeds \$10,000 indicate whether your claim would be a limited civil case (if the amount claimed does not exceed \$25,000 it is treated as a limited civil case):  
\_\_\_\_\_ The total claim does not exceed \$25,000  
\_\_\_\_\_ The total claim exceeds \$25,000
7. List names, addresses, phone number of any witness: \_\_\_\_\_
8. List names, address, hospital, clinics, physicians: \_\_\_\_\_
9. List your insurance company, name address and payments made if any: \_\_\_\_\_

**Note: Presentation of a false claim is unlawful (Cal Penal Code Sec 72)**