



CLAIMS AGAINST THE CITY OF YUBA CITY

Attached is the Claim Form for claims against The City of Yuba City

INSTRUCTIONS:

Complete the attached form in its entirety. Incomplete forms will delay the processing and could be returned to you. Return the original and one identical copy of this form, together with all attachments.

This form and attachments are to be filed with the City Clerk's Office by mail or in person:

City of Yuba City
City Clerks Office
1201 Civic Center Blvd.
Yuba City, CA. 95993

Faxed Claim Forms or attachments will not be considered.

PROCESS

Once the Claim is received by the City of Yuba City it is reviewed for completeness. Complete forms along with attachments will be forwarded to the Risk Management Coordinator. All claimants are then notified that action will be taken within 45 days, or otherwise notified as to the claim itself.

NOTE: *All claims are public record*



CITY OF YUBA CITY – CLAIM FORM

For Official Use Only

Personal Information

Name of Claimant _____ Date of Birth _____
(first, middle, last)

Home Address _____ Social Security # _____

City, State, Zip _____ Drivers License # _____ State _____

Daytime Phone (____) _____ Evening Phone (____) _____ Other Phone (____) _____

Loss Information

Type of Loss: Personal Injury Property Damage Other Indemnity-Date Complaint Served _____

Total Amount of Claim: Less than \$10,000 Greater than \$10,000

If less than \$10,000 please indicate amount: Personal Injury \$ _____ Property Damage \$ _____

Date of Injury or Damage _____
(month/date/year) (day of week) (time)

Location where injury or damage occurred: *(be specific: street address, intersection, or other location)*

How did injury or damage occur? *(describe accident or occurrence)* _____

What injury or damage did you suffer? _____

Name of any witnesses:

(Name) (Address) (Phone)

(Name) (Address) (Phone)

Name of City Employee(s) Involved: _____

If claim relates to an automobile accident, please answer the following questions: *(Attach Proof of Insurance)*

Insurance Policy # _____ Insurance Company _____

Agent/Broker _____
(Name) (Address) (Phone)

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name _____ Address: _____ Phone: (____) _____

Warning: California State Law generally requires that most claims against a public entity, such as the City of Yuba City, be presented within SIX (6) MONTHS from the date of the action or incident giving rise to the claim. Certain other claims must be filed with ONE (1) year from the action or incident. Check the Government Code to determine what presentation period applies in your case.

Signature: _____ Relationship: _____ Date: _____
(self, attorney, guardian, etc.)