

CITY OF GALT - CLAIM FORM

◆◆◆◆ PLEASE READ INSTRUCTIONS ON OTHER SIDE FIRST ◆◆◆◆

<i>Office Use Only</i>
Date Received: _____
By: _____ [Name of Employee]

Name of Claimant _____
(First Name) (Middle Initial) (Last Name)
Home Address _____ Date of Birth _____
City, State, Zip _____
Daytime () _____ Evening () _____ Cell/pager () _____

Type of Loss: Personal Injury Other _____ **Police Report #** _____
 Property Damage Indemnity-Date complaint served _____

When did injury or damage occur? _____ AM/PM
(Month/Day/Year) (Day of Week) (Time)

Where did injury or damage occur? (Street address, intersecting streets, or other location)

How did injury or damage occur? (Describe accident or occurrence)

What action or inaction of City employee(s) caused your injury or damage?

What injury or damage did you suffer?

Name(s) & contact info. for any witnesses:

Name of the City of Galt employee(s) involved? _____

Is Total Amount of Claim Greater than \$10,000 Yes ___ No ___ If YES, is this a Limited Civil Case Yes ___ No ___

If NO, state the amount claimed: Personal Injury \$ _____ Property Damage \$ _____ Other \$ _____

NOTE: Please attach copies of supporting documentation for the amounts claimed.

If claim relates to an automobile accident, please answer the following and ATTACH PROOF OF INSURANCE:

Please check here if there was no insurance coverage in effect at time of incident

Insurance policy # _____ Insurance Company _____

Insurance Broker/Agent _____

Address _____ Phone () _____

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name (Mr./ Mrs./ Ms.) _____ Daytime Phone () _____

Address (Street, City, State, Zip) _____

Warning: California State Law generally requires that most claims against a public entity, such as the City of Galt, 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 within **ONE (1) YEAR** from the action or incident. You should check the Government Code to determine what presentation period applies in your case.

Signature

Relationship (self, attorney, guardian, etc.)

Date

CLAIM AGAINST THE CITY OF GALT

INSTRUCTIONS

On the reverse side of the sheet is a claim form CCFORM 6: Claim against the City of Galt. The original and one identical copy of this form, together with one copy of all attachments, are to be filed with the City Clerk. Retain one copy for your records. Please send to this address:

THE CITY OF GALT
ATTN: City Clerk
380 Civic Drive
Galt, CA 95632

NOTICE: The City Clerk is the **ONLY** office to which claims may be submitted. Claims are **NOT** to be sent to the City Attorney or any other City Department.

Please fill out claim form completely. Additional sheets may be attached if more space is needed. Missing information may delay the processing of your claim. Please print.

PROCEDURES

Claims received by the City Clerk are forwarded to the City of Galt's Claims Administrator by the Human Resources Administrator. All claimants are then notified that action will be taken within 45 days, or otherwise notified as to the claim itself.

If recommended for denial by the Administrator, your claim will then be submitted to the City of Galt for final, official rejection. You will be sent a letter from the Human Resources Administrator or her designee, notifying you of the action taken and of any further action necessary or available to you.

**** all claims are public record ****