



CLAIM FOR DAMAGES AGAINST THE TOWN OF SAN ANSELMO

Attach all supporting documents to the claim form and submit the original signed claim form with attachments to the Town Clerk, in person or by mail. Please retain copies of the claim and attachments for the claimant's records.

Town of San Anselmo
525 San Anselmo Ave
San Anselmo, CA 94960
sananselmo.gov

Legal Notice: Presentation of a false claim is a felony. (Cal. Pen. Code §72). The Town may seek to recover all costs of defense, including attorney's fees, in the event that an action is filed and later determined not to have been brought in good faith and with reasonable cause. (Cal. Civ. Proc. Code §§ 128.5, 1038).

CLAIMANT INFORMATION					
First Name			Last Name		
Street Address					
City		State		Zip Code	
Home Phone		Cell Phone		Preferred	☐ Home ☐ Cell
Email					
Driver's License #			Driver's License State		
VEHICLE INFORMATION <i>If no vehicle is involved in this claim, skip this section.</i>					
Vehicle Make		Vehicle Model		Vehicle Color	
License Plate #			License Plate State		
INCIDENT INFORMATION <i>Please provide as much detail as possible. Attach additional pages and supporting documents if necessary.</i>					
Date of Incident			Time of Incident		
Exact Location of Incident					
Describe what happened during the incident and why claimant believes the Town of San Anselmo is responsible. Please attach additional pages and supporting documents if appropriate.					
What specific injuries, damages, or losses did claimant incur as a result of the incident? Please attach additional pages and supporting documents if appropriate.					
Provide name of Town employee(s) who claimant believes caused the injury, damage or loss (if applicable).					



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INCIDENT INFORMATION Please provide as much detail as possible. Attach additional pages and supporting documents if necessary.					
Were police at the scene of the incident?		☐ Yes ☐ No		If yes, Police Report #	
Total Amount of Claim				Supporting Documents Attached ☐ Yes ☐ No	
Please describe how the claim amount was calculated. Please attach supporting documentation (e.g., invoices and payment information) if available. If supporting documentation is not attached, please explain.					
WITNESSES Please provide contact information for any witnesses of the incident, if known. Attach additional pages if necessary.					
1	First Name			Last Name	
	Street Address				
	City		State		Zip Code
	Phone			Email	
2	First Name			Last Name	
	Street Address				
	City		State		Zip Code
	Phone			Email	
CERTIFICATION					
I certify under penalty of perjury that the foregoing is true and correct.					
Signature				Date	
REPRESENTATIVE INFORMATION Complete this section if this form was signed by a representative of the claimant.					
Representative Name				Relationship to Claimant	
Email Address				Phone Number	