CITY OF WILLIAMS, CA

For Official Use Only

CLAIM FORM

Please read instructions on Page 3 first

(Please Type or Print Clearly)

Name of Claimant: _____ _____ _____
(First Name) (M.I.) (Last Name)

City, State, ZIP: _____

Daytime Ph: _____ **Evening Ph:** _____ **Cell Ph:** _____

SSN: _____-_____-_____ **Driver's License #:** _____

Type of Loss: ☐ Personal Injury ☐ Property Damage ☐ Other _____

Police Report #: _____

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) of any witnesses:

(First and Last Name)	(Address)	(Phone)
_____	_____	_____
_____	_____	_____

Name of City 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 REGARDING THIS CLAIM SHOULD BE SENT TO:

Name: (Mr./Mrs./Ms.) _____

Daytime Phone: _____

Mailing Address: _____

Warning: California State Law generally requires that most claims against a public entity, such as the City of Williams, be presented within SIX (6) MONTHS from the date of action or incident giving rise to the claim. Certain other claims must be filed with 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

INSTRUCTIONS FOR COMPLETING CLAIM FORM:

On pages 1-2 of this document is a claim form for use with claims against the City of Williams. The original, together with a copy of all attachments, are to be filed with the City Clerk. Please retain a copy for your records. Please send or hand deliver to this address:

City of Williams
ATTN: City Clerk
PO Box 310
Williams, CA 95987

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 to any other City Department.

Please fill out claim form completely. You may either type on this interactive form available on our website and then print it out and sign where indicated, or you may print out a blank copy and complete it by hand. If printing, please print clearly. Additional sheets may be attached if more space is needed. Missing or illegible information may delay the processing of your claim.

PROCEDURES:

Claims received by the City Clerk and logged and forwarded to the City's Claims 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 rejection or denial by the Claims Administrator, your claim will then be submitted to the City Clerk for official rejection by the City Council. You will be sent a letter from the City Clerk's office notifying you of the action taken and of any further action necessary or available to you.

****All claims are public record****