NOTICE OF CLAIM AGAINST THE CITY OF ORINDA, CALIFORNIA
(Government Code Sections 910,910.2)

RETURN TO: City Clerk
City of Orinda
22 Orinda Way
Orinda, CA 94563
(925) 253-4221

Claimant's Name: _____
Last First M.I.

Claimant's Address: _____
Number Street

_____
City State ZIP

_____
Home Phone Number Work Phone Number Fax Number

Name and address of person to whom notices regarding this claim should be sent (if different than the name and address provided above):_____
_____

Date of the accident or occurrence: _____

Place of accident or occurrence: _____
Cross-streets, if applicable: _____

General description of the accident or occurrence (attach additional pages if more space is needed):
_____
_____
_____
_____

Names, if known, of any public employees causing the injury or loss:
1._____ 3._____
2._____ 4._____

Names and addresses of witnesses:

Name	Address	Phone
1. _____	_____	(____)_____
2. _____	_____	(____)_____
3. _____	_____	(____)_____
4. _____	_____	(____)_____

Continue on other side of this form; you must complete both sides and then sign this form.

Names and addresses of doctors who treated and hospitals where injured were treated (if applicable):

	Name	Address	Phone
1.	_____	_____	(____)_____
2.	_____	_____	(____)_____
3.	_____	_____	(____)_____
4.	_____	_____	(____)_____

General description of the loss, injury or damage suffered: _____

_____

_____

_____

_____

_____

Total amount claimed (in dollars): $_____

The basis of computing the total amount claimed is as follows:

Damages incurred to date:

Medical expenses: $_____

Loss of earnings: $_____

Special damages for:

a._____ $_____

b._____ $_____

c._____ $_____

d._____ $_____

(attach copies of documents which substantiate these amounts, if available)

I/We, the undersigned, declare under penalty of perjury that I/we have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/we believe it to be true.

DATED:_____ _____

Signature of claimant

_____

Signature of claimant

RECEIVED in the City Clerk's office this _____ day of _____, 20___.

_____

Signature of City Clerk or official City representative receiving this claim

FOR CLAIMS RELATED TO INJURY TO PERSON OR PERSONAL PROPERTY, THIS FORM MUST BE FILED WITH THE CITY OF ORINDA WITHIN SIX MONTHS FROM THE ACCRUAL OF THE CAUSE OF ACTION. A CLAIM RELATED TO ANY OTHER CAUSE OF ACTION SHALL BE PRESENTED NO LATER THAN ONE YEAR AFTER ACCRUAL OF THE CAUSE OF ACTION.