City of Larkspur
400 Magnolia Avenue, Larkspur, CA 94939
Tel: (415) 927-5110

CLAIM FORM

(Please Type or Print)

CLAIM AGAINST: _____
(Name of Entity)

Claimant's name: _____ SS#: _____ DOB: _____

Claimant's address: _____ Claimant's Phone: _____

Address where notices about claim are to be sent, if different from above: _____

_____

Date of incident/accident: _____

Date injuries, damages, or losses were discovered: _____

Location of incident/accident: _____

What did entity or employee do to cause this loss, damage, or injury? _____

_____
(Use back of this form or separate sheet, if necessary, to answer this question in detail)

What are the names of the entity's employees who caused this injury, damage, or loss (if known)? _____

_____

What specific injuries, damages, or losses did claimant receive? _____

_____
(Use back of this form or separate sheet, if necessary, to answer this question in detail)

What amount of money is claimant seeking, or if amount is in excess of $10,000 what is the appropriate court of jurisdiction. Note: If Superior and Municipal Courts are consolidated, you must represent it is a "limited civil case" [see Government Code 910(f)] _____

_____

How was this amount calculated? (Please itemize): _____

_____
(Use back of this form or separate sheet if necessary to answer this question in detail)

Date signed: _____ Signature: _____

If signed by representative:

Representative's Name: _____ Address: _____

Telephone #: _____

Relationship to Claimant: _____

WARNING

It is unlawful to make knowingly a false claim.

In addition, please note that, pursuant to Section 128.5 and 1038 of the California Code of Civil Procedure, the City may seek to recover all costs and defense in the event an action is filed in this matter and it is determined that the action was not brought in good faith and with reasonable cause.