Town of Tiburon
Department of Administrative Services
1505 Tiburon Boulevard
Tiburon, California 94920
(415) 435-7373
www.townoftiburon.gov

CLAIM AGAINST THE TOWN OF TIBURON

1. Claimant's Name:

2. Claimant's Address:

3. Amount of Claim: $

4. Name and Address to Which Notices are to be Sent (If different than lines 1 and 2 above):

5. Date of Accident/Loss: Time of Accident/Loss:

6. Specific Location of Accident/Loss:

7. How did the Accident Occur?

8. Describe the Injury/Damage/Loss:

9. Name of Public Employee (if any) Causing Injury/Damage/Loss (if known):

10. Itemization of Claim (list items totaling amount set forth above):

$

$

$

I certify under penalty of perjury that the foregoing is true and correct.

11. Signed by or on behalf of Claimant:

_____

12. Dated:

Please return this form to:

Town of Tiburon
Tiburon Town Clerk
1505 Tiburon Boulevard
Tiburon, CA 94920