

**CLAIM FOR DAMAGES AGAINST THE
CITY OF DIXON, CALIFORNIA**
(Govt. Code §§910, 910.2 & 910.4)

Date and Time Filed with City Clerk:

TO: CITY CLERK
CITY OF DIXON
600 EAST A STREET
DIXON, CA 95620

(Date Stamp)

1. Name of Claimant: _____

2. Home Address: _____

3. Telephone Number: (Work) _____ (Home) _____

4. Address to Which Notices Regarding This Claim Should be Sent:

5. Date and Time of Occurrence: _____

6. Exact Place of Occurrence:* _____

7. Describe in Full Detail How the Injury or Damage Occurred:* _____

8. Particular Act or Omission by a City Employee, Officer or Agent Causing the Injury or Damage: _____

9. Name(s) of the City Employee, Officer or Agent Causing the Injury or Damage, if known (If unknown, so state): _____

10. Describe Full Extent of Injuries and Damages Claimed:* _____

11. Total Amount Claimed as of date of claim presentation: \$ _____
Basis of Computation of Total Amount:* (Specify particular expenses, loss of earnings, prospective damages, general damages, and so on. Please attach copies of bills and/or two estimates for repair of damage.) _____

IF THE AMOUNT CLAIMED EXCEEDS \$10,000, YOU NEED NOT SPECIFY THE PRECISE DOLLAR AMOUNT, BUT MUST INDICATE WHETHER JURISDICTION OVER THE CLAIM WOULD REST IN SUPERIOR OR MUNICIPAL COURT: _____

12. Names, Addresses and Telephone Numbers of Witnesses, Doctors, Hospital and Any Person Who Can Substantiate Your Claim or the Amount Claimed:* _____

DATED: _____
Signature of Claimant or Person on Claimant's Behalf

WARNING: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE §72.)
CLAIMS FOR INJURY TO PERSONS, DEATH, OR INJURY TO PERSONAL PROPERTY MUST BE FILED WITHIN SIX MONTHS AFTER THE OCCURRENCE (GOVERNMENT CODE §911.2)
CLAIMS FOR INJURY TO REAL PROPERTY MUST BE FILED WITHIN ONE YEAR AFTER THE OCCURRENCE (GOVERNMENT CODE §911.2)

* If additional space is needed, attach sheets identifying paragraphs being answered.