CITY OF LINCOLN

Date Received: _____
Time Received:_____
Received by: _____

600 Sixth Street
Lincoln, CA 95648

Phone: (916) 434-2490
Fax: (916) 645-8903

LIABILITY CLAIM FORM

(Cal. Gov't Code §§ 900 et seq.)

Completed claims must be mailed or delivered to:

City Clerk
City of Lincoln
600 Sixth Street
Lincoln, CA 95648-1825

Please attach additional pages as necessary to describe the claim and attach copies of supporting documentation for the amount(s) claimed. Please fill out claim form completely. Missing information may result in a denial or a delay in the processing of your claim. Please print legibly or type. Claims are a public record.

CLAIMANT(s) OR REPRESENTATIVE OF CLAIMANT(s) HEREBY PRESENT(s) THIS CLAIM FOR MONEY OR DAMAGES TO THE CITY OF LINCOLN

Name of Claimant(s): _____
First Middle Last

Claimant's Address: _____

City, State, Zip: _____

Date of Birth: _____

Driver's License #: _____ State: _____

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____

Email Address: _____

Type of Loss:
____ Personal Injury
____ Property Damage
____ Contract
___ Indemnity (Date complaint served _____)
___ Other (_____)

When did injury/damage occur? _____ AM/PM
(Month/Day/Year) (Day of Week) (Time)

Where did injury/damage occur? (Street address, intersecting streets, or location)

_____

How did injury/damage occur: (Describe incident or occurrence)

_____

_____

_____

_____

_____

What action/inaction of City employee(s) caused your injury/damage?

_____

_____

What injury/damage did you suffer?

_____

_____

List any witnesses (more than two may be listed in the additional information/comments section below or on an attachment)

_____
(Name) (Address) (Phone)

_____
(Name) (Address) (Phone)

Any City Employee(s) involved: _____
(Name) (Job Title)

_____
(Name) (Job Title)

Total amount of claim: ____ Greater than $10,000 ____ Less than $10,000 *

*If less than $10,000 indicate amount: Personal Injury $_____
Property Damage $_____
Other $_____

If claim relates to an automobile accident, please provide the following information and ATTACH PROOF OF INSURANCE:

Insurance policy # _____ Insurance Company _____

Insurance Broker/Agent _____

Address _____ Phone _____

Additional information/comments:

_____

_____

_____

_____

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM: (Penal Code section 72; Insurance Code section 556.1)

I have read the matters and statements made in this claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that to the best of my knowledge the foregoing is true and correct.

_____ _____
Signature of Claimant/Representative Date

If signed by representative:
Representative's Name: _____
Address: _____
Telephone No.: _____
Relationship to Claimant: _____

CLAIM AGAINST THE CITY OF LINCOLN

INSTRUCTIONS

The original and all attachments are to be filed with the Office of the City Clerk. Claims ***must be*** filed within six (6) months from the date of loss. Retain a copy for your records. Please send or deliver to:

City Clerk
City of Lincoln
600 Sixth Street
Lincoln, CA 95648

NOTICE: The City Clerk of the City of Lincoln is the **ONLY** office to which claims may be submitted. Claims are **NOT** to be sent to the City Attorney or any other City Department.

Please fill out claim form completely. Missing information may delay the processing of your claim. Please print.

PROCEDURES

Claims received by the City of Lincoln are 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 by the Claims Administrator assigned to the claim.

If recommended for denial by the Administrator, your claim will then be submitted to the City of Lincoln for final, official rejection. You will be sent a letter from the City Clerk or designee, notifying you of the action taken and of any further action necessary or available to you.

ALL CLAIMS ARE PUBLIC RECORD