

CLAIM AGAINST CITY OF AUBURN

1225 Lincoln way, Room 6 Auburn, CA 95603

The undersigned hereby presents the following claim against the City of Auburn in accordance with the provisions of Government Code Section 910.

1. Name and Address of Claimant: _____

2. Telephones: (H) (____) (W) (____)
Mailing Address to which notices from the City are to be directed:

3. Date of Incident: _____ Time of Incident _____
Location of Incident: _____
4. Description of the incident or accident including your reasons for believing that the City is liable for your damages:

(If additional space is required, please attach a separate sheet.)

5. Description of all damages which you believe that you have incurred as a result of the incident:

6. The name of any City employees causing the damages that you are claiming (if applicable): _____
7. The dollar amount of all damages that you are claiming (please attach all estimates that are available): \$ _____
8. If this is a claim for indemnity, on what date were you served with the underlying lawsuit? _____

Date _____

Signature of Claimant