

## 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephones: (H) ( ) \_\_\_\_\_ (W) ( ) \_\_\_\_\_
2. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(If additional space is required, please attach a separate sheet.)
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