



Claim for Damages
City of Visalia

Claimant's Name: _____

SS#: _____ DOB: _____ Gender: Male _____ Female _____

Claimant's Address: _____

Claimant's Phone: _____

Address where notices about claim are to be sent, if different from above:

Date of incident/accident: _____

Date injuries, damages, or losses were discovered: _____

Location of incident/accident: _____

What did entity or employee do to cause this loss, damage, or injury? _____

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What are the names of the city's employees who caused this injury, damage, or loss (if known)? _____

What amount of money is claimant seeking or, if the amount is in excess of \$10,000, which is the appropriate court of jurisdiction. Note: If Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" (See Government Code 910(f). _____

How was this amount calculated (please itemize)? _____

(Use back of this form or separate sheet if necessary to answer this question in detail. Also attach pictures and receipts)

I declare under penalty of perjury that the foregoing is true and correct. Making a false claim is a felony. (P.C.72)

Date Signed: _____ Signature: _____

If signed by representative:

Representative's Name _____

Address: _____

Telephone #: _____

Relationship to Claimant: _____

Please Read - Important

Your claim must be filed within six (6) months of the date of the incident (Government Code 911.2)

The claim will be reviewed and will either be settled or denied. You will be notified by mail, if your claim is denied. You will have six (6) months from the date the notice was personally delivered or deposited in the mail to file a court action as to any claims encompassed by the California Tort Claims Act (Government Code 945.6).

Statutes of limitations for claims which are not encompassed by the California Tort claims act may run independently.

If you have any questions please call (559) 713-4300.