



11. Nature or description of injuries or damage (If no injuries, so state) \_\_\_\_\_

\_\_\_\_\_

**The Name(s) of the public employee(s) or official(s) causing the injury, damage or loss, if known:**

12. Names \_\_\_\_\_

13. What action(s) of the City employee(s) caused the injury or damage? \_\_\_\_\_

\_\_\_\_\_

14. Witnesses to the occurrence:

Name	Address	Phone Number
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Name	Address	Phone Number
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15. Amount claimed as of the date of presentation of the claim:

a. Amount claimed to date: \_\_\_\_\_

b. Estimated future costs: \_\_\_\_\_

c. Basis of computation of claim: \_\_\_\_\_

d. Amount of total claim: \_\_\_\_\_

(Including all known or estimated loss damages to date.)

The Undersigned states that he or she is a person making the above stated claim, or is a person representing said claim and acting on behalf of the claimant and declares under penalty of perjury that the foregoing is true and correct insofar as is known of this date.

Executed at \_\_\_\_\_  
City of Greenfield

\_\_\_\_\_  
Signature of Claimant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant's Representative

\_\_\_\_\_  
Representative's Address

\_\_\_\_\_  
Representative's Phone No.

**Instructions for submission:**

The original and one identical copy of this form, together with one copy of all attachments, are to be filed with the Office of the City Clerk. Retain one copy for your records. Please send /deliver your claim to this address:

OFFICE OF THE CITY CLERK  
599 El Camino Real  
Greenfield, CA 93927

**NOTICE:** The City Clerk's Office is the ONLY office to which claims may be submitted. Claims are NOT to be sent to the City Attorney, Risk Management, or any other City Department.

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

**PROCEDURES**

Claims received by the Office of the City Clerk are forwarded to the City's Claims Administrator via the Risk Manager for the City. All claimants are then notified that action will be taken within 45 days, or otherwise notified as to the claim itself.

If recommended for denial by the Claims Administrator, you will be sent a letter from the Administrator notifying you of the action taken and of any further action necessary or available to you.

Government Code **§§** 910-915.4 concern the presentation and consideration of claims.

*ALL CLAIMS ARE PUBLIC RECORDS*