



CITY OF MT SHASTA

CLAIM FORM

305 N Mt. Shasta Boulevard
Mt. Shasta, California 96067
(530) 926-7510-Telephone (530) 926-7521-FAX

BEFORE COMPLETING THIS FORM, PLEASE READ INSTRUCTIONS ON REVERSE SIDE

Name of Claimant: _____
(First Name) (Middle Initial) (Last Name)

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Evening: _____ Cell: _____ CA Driver's Lic # _____

Type of Loss: Personal Injury Other: _____ Police Report # _____
 Property Damage Indemnity-Date Complaint Served: _____

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

Where did injury or damage occur? (Street address, Intersecting streets or other location): _____

How did injury or damage occur? (Describe accident or occurrence): _____

What action or inaction of the City caused your injury or damage? _____

What injury or damage did you suffer? _____

Name of any Witnesses:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

Name of City employee(s) involved: _____

Total Amount of Claim: Greater than \$10,000 Less than \$10,000 (If less than \$10,000, indicate amount below)
Personal Property \$ _____ Property Damage \$ _____

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

Please check here if there was no insurance coverage in effect at time of incident:

Insurance Policy # _____ Insurance Company: _____
Insurance Broker/Agent: _____ Telephone: _____
Address (Street, City, Zip): _____

ALL NOTICES AND COMMUNICATIONS SHOULD BE SENT TO:

Name: _____ Daytime Phone: _____
Address (Street, City, Zip): _____

Warning: California State Law generally requires that most claims against a public entity, such as the City of Mt Shasta, be presented within Six (6) MONTHS from the date of the action or incident giving rise to the claim. Certain other claims must be filed within One (1) YEAR from the action or incident. You should check the Government Code to determine what presentation period applies in your case.

Signature Relationship (Self/Attorney/Guardian, Etc.) Date

CLAIM AGAINST THE CITY OF MT SHASTA
INSTRUCTIONS

On the reverse side of this sheet is form **CCFORM 6: Claim Against the City of Mt Shasta**. The original and one 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. Submit to:

Risk Manager
305 N. Mt. Shasta Boulevard
Mt. Shasta, California 96067

NOTICE: The City Clerk 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 the claim form completely. Missing information may delay the processing of your claim. Please print.

PROCEDURES

Claims received by the City Clerk are forwarded to the City of Mt. Shasta's Finance Department or the City's Claim Administrator. 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 Administrator, your claim will then be submitted to the City of Mt. Shasta Risk Manager for final, official rejection. You will be sent a letter from the Director of Finance or his/her designee, notifying you of the action taken and of any further action necessary or available to you.

ALL CLAIMS ARE PUBLIC RECORD