

**CITY OF SELMA
CLAIM FORM**

Return completed form to: Risk Management
City of Selma
1710 Tucker Street
Selma, CA 93662
(559) 891-2200 Ext. 3100



(Please Type Or Print)

CLAIM AGAINST _____
(Name of Entity)

Claimant's name: _____

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

Claimant's address: _____ Telephone: _____

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 entity's employees who caused this injury, damage, or loss (if known)? _____

What specific injuries, damages, or losses did claimant receive? _____

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

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.)

Date Signed: _____ Signature: _____

If signed by representative:

Representative's Name _____ Address _____

Telephone # _____

Relationship to Claimant _____

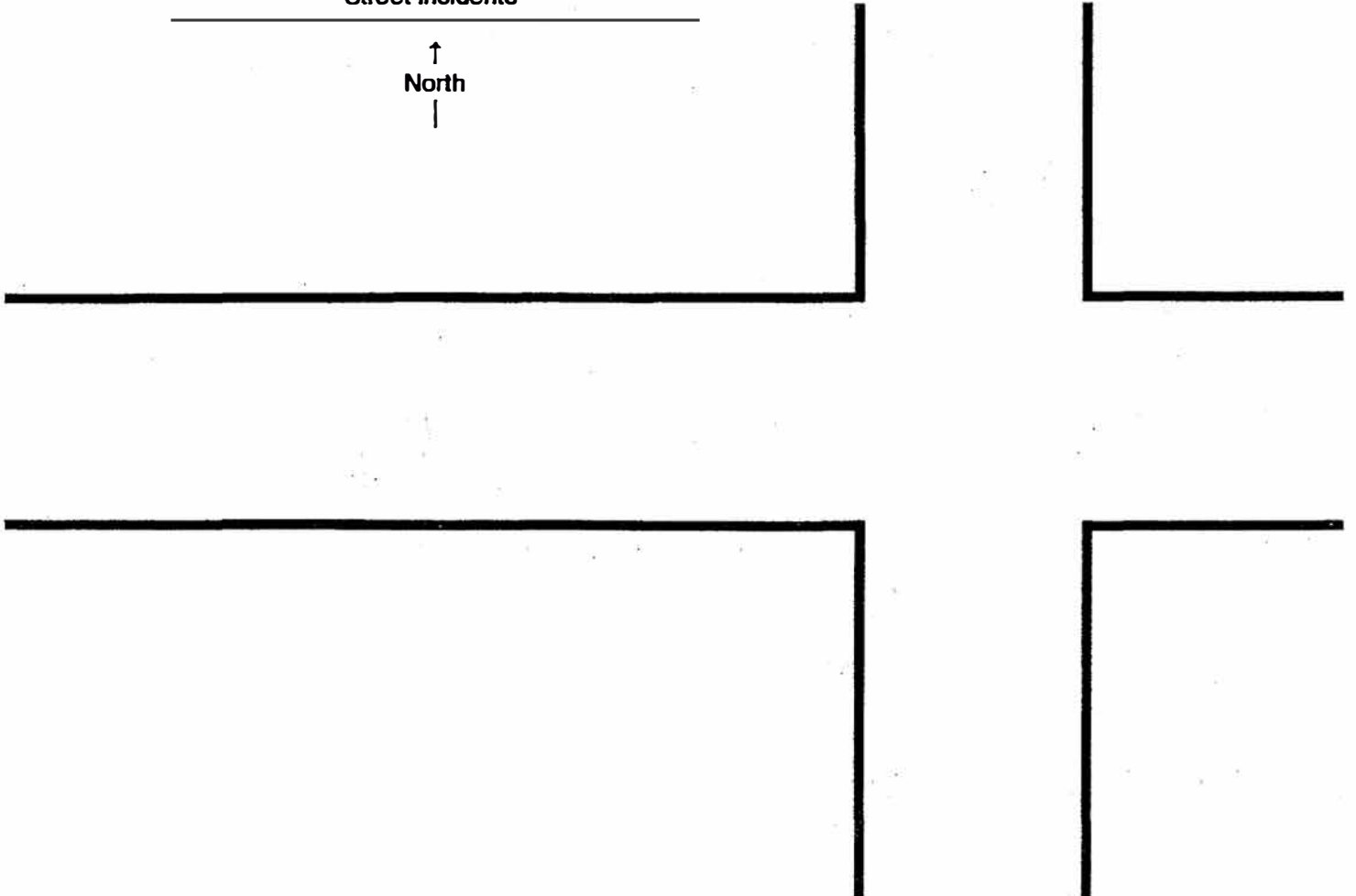
DIAGRAMS

General Diagram

↑
North
|

Street Incidents

↑
North
|



PLEASE READ – IMPORTANT!

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

Complete the claim form in its entirety and return to the address at the top of the claim form.

Your claim will be forwarded to the Claims Administrator for review and it will either be settled or denied. You will be notified by mail of the decision.

If your claim is denied, you will have six months from the date of denial to initiate an action against the City (Government Code 945.6).

If you have questions, please call (559) 891-2200 Ext. 3100.