

CLAIM AGAINST THE CITY OF RIDGECREST
Government Code Sections 910 and 910.4

FOR CITY CLERK'S USE ONLY		
Date Received	COPY TO: _____ _____	CLAIM NO: _____

Claimant: _____ Social Security No.: _____

Home Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____
(If different than home address)

Phone: Home _____ Cell _____ Work _____ ext: _____

Email: _____

Send Notices to: _____

Date of occurrence: _____
 MM/DD/YYYY

Location of accident/occurrence:

Describe accident or occurrence in detail (include injury, damage, loss, indebtedness/obligation to the extent known):

Give name(s) of City employee(s) causing the injury, damage, or loss, if known:

<u>Amount of claim to date – actual:</u>	Basis of computation: (3 estimates recommended) <i>PLEASE ATTACH SUPPORTING DOCUMENTATION – ESTIMATES/INVOICES/RECEIPTS</i>
<u>Amount claimed to date – estimated:</u>	Basis of computation: (3 estimates recommended) <i>PLEASE ATTACH SUPPORTING DOCUMENTATION – ESTIMATES/INVOICES/RECEIPTS</i>

 Signature of Claimant or Person Acting on Claimant's Behalf

Date: _____
 MM/DD/YYYY