CITY OF DINUBA CLAIM FORM

Claim Against							
	(Name of Entity)						
Claimant's Name	Claimant's SS#						
Claimant's DOB	B Telephone #						
Claimant's Address							
Address where Notices about Claim ar	e to be sent, if different from above:						
Date of Incident/Accident:	Date of injury/damage/loss discovered:						
Location of incident/accident:							
What did entity or employee do to caus	se this loss, damage, or injury?						
(Use the back of this form or separate	sheet if necessary to answer this question in detail.)						
Names of the Entity's employees who	caused this injury, damage, or loss (if known):						
What are the Claimant's specific injuri	es, damages, or losses?						
What amount of money is claimant see	eking, or if the amount is in excess of \$10,000, which is the appropriate court Municipal Courts are consolidated, you must represent whether it is a "limited [f]]						
(Use the back of this form or separate	sheet if necessary to answer this question in detail.)						
How was this amount calculated (pleas	se itemize)?						
(Use the 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	Phone #						
Address							

DIAGRAMS

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General Diagram		 RISK MANAGEMENT AUTHORITY (Please Type Or Print)
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What amount of money is claimant seeking, or if 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 whather it is a "limited cruit erse" (see Government Code 910(N)

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PLEASE READ – IMPORTANT!

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

Your claim will be forwarded to the City's Risk Manager for investigation. Following that, your claim will be either settled or denied. You will be notified by mail.

If your claim is denied, you will have 6 months from date of denial to initiate an action against the city (Government code 945.6). Our hope is that you will be treated fairly. If you have any questions, please call (559) 591-5900 ext. 108.