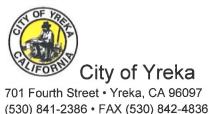


Claim form Instructions



On the reverse side of this sheet is a claim form CCFORM 6: Claim against the City of Yreka. 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. Please retain one copy for your records.

Please send claim to:

Yreka City Clerk

701 Fourth Street Yreka, CA 96097

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 CLAIM FORM COMPLETELY. MISSING INFORMATION MAY DELAY THE PROCESSING OF YOUR CLAIM. PLEASE PRINT CLEARLY

Procedures:

Claims received by the City are forwarded to the City's Claims Administrator. 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 for final, official rejection. You will be set a letter from the City notifying you of the action taken and of any further action necessary or available to you.

ALL CLAIMS ARE PUBLIC RECORD

CLAIM AGAINST THE CITY OF YREKA					For Official Use Only
Please read instruct	ions on other sid	le			
Name of Claimant					
_	(First)	(Middle Initial)	(Last)		
Mailing Address:				Date	of Birth#
City	State	zıp	Duissan'a Li	Soc. Security	#
Phone # ()	Cell # (_	_)	Driver's Li	cense #	
Type of loss: ☐ Pe	ersonal injury	□ Property Dama	age	Police Rep	ort #
					int served
☐ Other When did injury or o	damage occur?		-		am/pm
					(time)
Where did injury of	or damage occu	r? (Street address, interse	ecting streets, or	other location)	
TT 1'1''	1				
How did injury or	damage occur?	(Describe accident or oc	currence, attach	separate page if n	ecessary)
What action or ina	ection of City er	nployee(s) caused	your injury (or damage?	
	41.4	20. 2			
What injury or dar	nage did you sı	iffer'?			
N C					
Name of any witne	esses:				
(Name)		(Address)			(Phone #)
		,			
Name of City emp	oloyee(s) involv	ed?			
momit (MOID	TE OF CLASS		310.000 □	Τ 41 Φ1/	000 (161 11
TOTAL AMOUN	NT OF CLAIM	☐ Greater than §	\$10,000 L	Less than \$10	0,000. (If less than
\$10,000 please inc	dicate amount a	ina attach copies oj	supporting	aocumeniaii	on for amounts claimed)
Danganal Injuny	1	Property Damage \$			
reisonal injury \$_		Toperty Damage of			
If claim relates to an a	utomobile accider	nt, please answer the fo	llowing and A	TTACH PROO	F OF INSURANCE
Insurance Policy # Insurance Company					
Insurance Broker	Agent		P	hone Number	
Address:					
☐ Please check here if the	ere was no insuranc	e coverage in effect at tim	ne of incident.		
ALL I	NOTICES AN	D/OR COMMUNI	ICATIONS	SHOULD B	E SENT TO:
N.T.		D4!	Dl NI	1	
Name:		Daytir	ne Phone N	umber:	
Address:					
ANT - C 1'C	C4-4- T		la at ma a at a la	ima acainst a	nublic antity such as the
warning: Califor	rnia State Law	generally requires t	Mat most cia	iiiis agailist a	public entity, such as the
City of Yreka, be	presented withi	n SIX (6) MONTH	S from the c	tate of the act	tion or incident giving
rise to the claim.	Certain other cl	aims must be filed	Within ONE	(I) YEAR II	form the action or
	ould check with	the Government C	ode to deter	mine what pro	esentation period applies
in your case.					
G!			D	ato:	
Signature:	1		D	atc	
Relationshin (self	attorney guard	dian, etc.)			
relationship (sell	, autorney, guard	aidii, 616. <i>j</i>			