



Claim form Instructions



City of Yreka

701 Fourth Street • Yreka, CA 96097
(530) 841-2386 • FAX (530) 842-4836

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

Please read instructions on other side

For Official Use Only

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

Mailing Address: _____ Date of Birth _____

City _____ State _____ zip _____ Soc. Security # _____

Phone # (____) _____ Cell # (____) _____ Driver's License # _____

Type of loss: Personal injury Property Damage Indemnity – Date complaint served _____ Police Report # _____

Other _____

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, attach separate page if necessary) _____

What action or inaction of City employee(s) caused your injury or damage? _____

What injury or damage did you suffer? _____

Name of any witnesses: _____

(Name)

(Address)

(Phone #)

Name of City employee(s) involved? _____

TOTAL AMOUNT OF CLAIM Greater than \$10,000 Less than \$10,000. (If less than \$10,000 please indicate amount and attach copies of supporting documentation for amounts claimed)

Personal Injury \$ _____ Property Damage \$ _____

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

Insurance Policy # _____ Insurance Company _____

Insurance Broker Agent _____ Phone Number _____

Address: _____

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

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name: _____ Daytime Phone Number: _____

Address: _____

Warning: California State Law generally requires that most claims against a public entity, such as the City of Yreka, 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 with the Government Code to determine what presentation period applies in your case.

Signature: _____ Date: _____

Relationship (self, attorney, guardian, etc.) _____