



**City Manager's Office**  
4381 Broadway St., Suite 201  
American Canyon, CA 94503  
707-647-4361 Fax 707-638-0492

**LIABILITY CLAIM FORM**

**INSTRUCTIONS: Please complete the form below, attaching additional sheets as needed.**

Type or print legibly in ink. Return to Front Counter at City Hall (Risk Manager), or mail to the address at the bottom of this form. Call (707) 647-4361 if you have any questions. Any person who, with the intent to defraud, presents any false or fraudulent claim may be punished by imprisonment or fine or both. **NOTE: You must file a claim in compliance with Government Code Section 911.2**

1. CLAIMANT'S NAME (print): \_\_\_\_\_
2. Claimant's Address: \_\_\_\_\_
3. Amount of Claim (attach copies of all invoices or estimates): \_\_\_\_\_
4. Home Phone: \_\_\_\_\_ 5. Work Phone: \_\_\_\_\_
6. Location of Incident: \_\_\_\_\_
7. Date/Time of Incident: \_\_\_\_\_
8. Describe the incident/accident. Include your reason for believing that the City is liable for your damages:
  
9. Describe all damages which you believe are a result of the incident/accident:
  
10. Witness(es) (Including City employees):  
Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. If amount claimed is over \$10,000, indicate where jurisdiction rests:  Limited Civil Case  Unlimited Civil Case

12. Address to which notices are sent, if different from above:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

13. Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM TO:**                    **CITY OF AMERICAN CANYON**  
**Attention: RISK MANAGEMENT**  
**4381 Broadway St., Suite 201**  
**AMERICAN CANYON, CA 94503**

LCLAIMFORM2017