

LIABILITY CLAIM AGAINST THE CITY OF BAKERSFIELD

For Damages to Persons and Personal Property

(Government Code Sections 905, 910 and 910.2 and M.C. 3.12)

MAIL CLAIM TO: **CITY CLERK**
CITY OF BAKERSFIELD
1600 TRUXTUN AVENUE
BAKERSFIELD, CALIFORNIA 93301

Said claim must be filed with the City Clerk, City of Bakersfield within six months after the accident, event or incident occurred. Make certain the claim is against the City of Bakersfield and not another public entity. Completed forms must be mailed or delivered on time to the City Clerk at the address indicated above. Where space is insufficient, use additional paper and identify information by paragraph number. For other claims, consult the Government Code for filing times and complete the appropriate sections of this claim form. **WARNING:** It is a criminal offense to file a false claim (see Penal Code § 72).

TO THE HONORABLE MAYOR AND CITY COUNCIL, CITY OF BAKERSFIELD, CALIFORNIA:

The undersigned respectfully submits the following claim and information:

(A) The name and address of the claimant:

1. FULL NAME OF CLAIMANT: _____
2. COMPLETE ADDRESS: _____
STREET APT. NO. CITY / STATE / ZIP
3. TELEPHONE NUMBERS: Home () _____ Work _____
4. DATE OF BIRTH: _____ 5. PARENT/GUARDIAN: _____
(if Minor)
6. SOCIAL SECURITY NO.: _____ 7. DRIVER'S LICENSE NO.: _____

(B) The address to which the person presenting the claim desires notices to be sent:

8. ADDRESS NOTICES TO: _____

(C) The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted (be precise as to the exact location):

10. DATE: _____ 11. TIME: _____
12. PLACE: _____
(EXACT LOCATION)
13. CIRCUMSTANCES: _____

(SPECIFY THE PARTICULAR OCCURRENCE, EVENT, ACT OR OMISSION WHICH CAUSED THE INJURY OR DAMAGE)

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