

CLAIM AGAINST THE CITY OF WILLOWS

Name of Claimant: _____ Claimant Phone #: _____

Claimant's Street Address: _____
(Street) (Apt.)

(City) (State) (Zip Code)

Address To Send Notices: _____
(Street or P.O. Box) (Apt.)

(City) (State) (Zip Code)

Date of Accident/Incident/Transaction: _____

Place of Accident/Incident/Transaction: _____

Describe Circumstances of Accident/Incident/Transaction: _____

Describe Injury, Damage or Loss: _____

Name of Public Employee(s) Causing Injury, Damage or Loss, If Known: _____

Pursuant to Government Code Section 910(f), your claim must show the amount claimed if it totals less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed. If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case.

Amount Claimed: \$ _____

Basis of Computation of the Amount Claimed: _____

Signature of Claimant or Agent _____ Date _____

Deliver or mail original claim to: Finance Director, City of Willows 201 North Lassen St. Willows, CA 95988