

File With:



RESERVE FOR FILING STAMP  
CLAIM NO. \_\_\_\_\_

**City of Rohnert Park**  
**ATTN: City Clerk's Office**  
**130 Avram Avenue**  
**Rohnert Park, CA 94928**

**CLAIM FOR MONEY OR  
DAMAGES AGAINST THE  
CITY OF ROHNERT PARK**

Copy:  
REMIF  CM   
CA  FILE  Dept.

All claims against the City for money or damages not otherwise governed by the Government Tort Claims Act, California Government Code Sections 900 et.seq., or other state law (hereinafter "claims") shall be presented within the timeframe and in the manner prescribed by Part 3 of Division 3.6 of Title 1 of the California Government Code (commencing with Section 900), as that Part may be amended from time to time, and as further provided in Section 2.44.020 of the Rohnert Park Municipal Code.

All claims shall be made in writing and shall contain the information required by California Government Code Section §910.

**If additional space is needed to provide your information, please attach sheets, identifying the paragraph(s) being answered.**

1. Name and Address of the Claimant:

Name of Claimant: \_\_\_\_\_

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

2. Mailing address to which the person presenting the claim desires notices to be sent:

*(Specify if different than Claimant's address listed above)*

Name of Addressee: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

3. The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted.

Date of Occurrence: \_\_\_\_\_

Time of Occurrence: \_\_\_\_\_

Location: \_\_\_\_\_

Circumstances giving rise to this claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. General description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of the presentation of the claim.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The name or names of the public employee or employees causing the injury, damage, or loss, if known.

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6. **If amount claimed totals less than \$10,000:** 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.

Amount Claimed and basis for computation:

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**If amount claimed exceeds \$10,000:** 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. A limited civil case is one where the recovery sought, exclusive of attorney fees, interest and court costs does not exceed \$25,000. An unlimited civil case is one in which the recovery sought is more than \$25,000. (See CCP § 86.)

Limited Civil Case

Unlimited Civil Case

**You are required to provide the information requested above, plus your signature on page 3 of this form, in order to comply with Government Code §910. In addition, in order to conduct a timely investigation and possible resolution of your claim, the city requests that you answer the following questions.**

7. Claimant(s) Date(s) of Birth:

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8. Name, address and telephone number of any witnesses to the occurrence or transaction which gave rise to the claim asserted:

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9. If the claim involves medical treatment for a claimed injury, please provide the name, address and telephone number of any doctors or hospitals providing treatment:

*If applicable, please attach any medical bills or reports or similar documents supporting your claim.*

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10. If the claim relates to an automobile accident:

*If applicable, please attach any repair bills, estimates or similar documents supporting your claim.*

Claimant(s) Auto Ins. Co.:

Telephone:

Address:

Insurance Policy No.:

Insurance Broker/Agent:

Telephone:

Address:

Claimant's Veh. Lic. No.:

Vehicle Make/Year:

Claimant's Drivers Lic. No.:

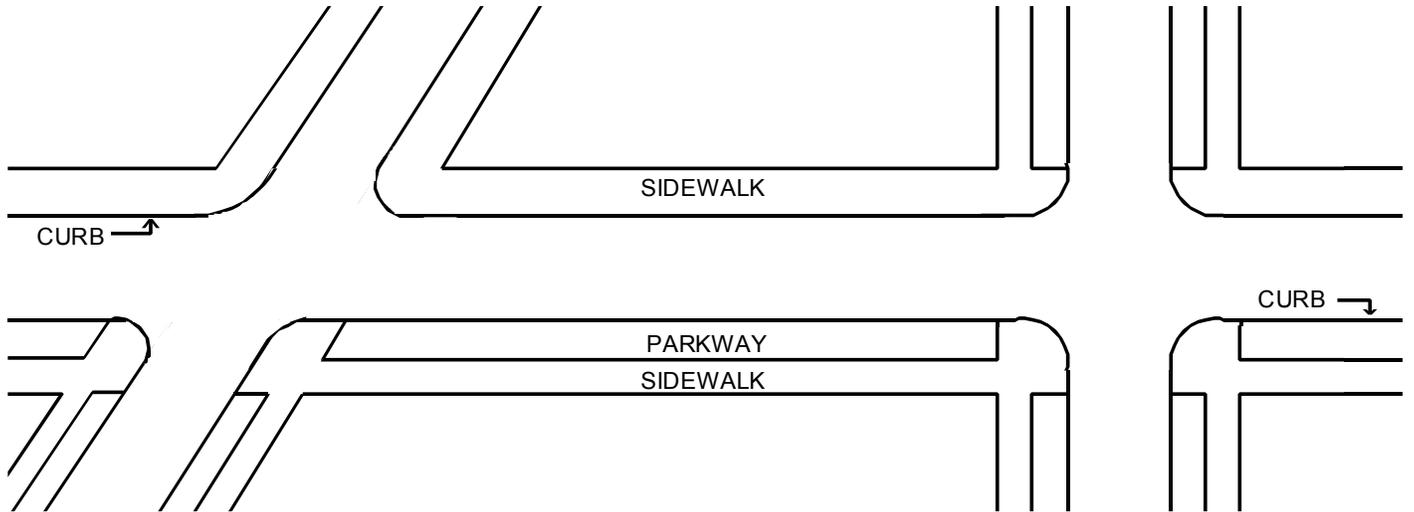
Expiration:

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READ CAREFULLY

For all accident claims, place on following diagram name of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers of distances to street corners. If City/Agency Vehicle was involved, designate by letter "A" location of City/Agency Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first say City/Agency Vehicle; location of City/Agency Vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



**Warning:** Presentation of a false claim with the intent to defraud is a felony (Penal Code §72). Pursuant to Code of Civil Procedure §1038, the City/Agency may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause.

All claims shall be verified by the claimant or by his or her guardian, conservator, executor or administrator. No claim may be filed on behalf of a class of persons unless verified by every member of that class as required by Section 2.44.030 of the Rohnert Park Municipal Code.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_