

CITY OF SAN JUAN BAUTISTA CLAIM FORM

A CLAIM SHALL BE PRESENTED BY THE CLAIMANT OR BY A PERSON ACTING ON HIS/HER BEHALF. PLEASE ANSWER ALL QUESTIONS. OMITTING INFORMATION MAY MAKE YOUR CLAIM LEGALLY INSUFFICIENT. PLEASE PRINT LEGIBLY ON THIS FORM.

- 1. Print the complete name, postal address and phone number of the claimant in the spaces provided below:**

Name: _____

Address: _____

_____ **Phone ()** _____

- 2. List the date, place and other circumstances of the occurrence or transaction, which gave rise to the claim asserted:**

Date: _____ **Place:** _____

Tell what happened giving complete information: _____

- 3. Give a general description of the indebtedness, obligation, injury, damage or loss incurred so far as it is known at the time of this claim:**

- 4. Give the name of the city employee or employees causing the injury, damage or loss:**

- 5. Show the amount claimed as of the date of presentation of claim, including the estimated amount of injury, damage, or loss insofar as it may be known at this time, together with the basis of computation of the amount claimed:**

Date: _____ **Time** _____

Signature: _____ **Relation to Claimant:** _____

Note: This form is provided for your convenience and is not required in order to file a claim; any written claim, which satisfies the requirements of CGC Sections 910 and 910.2 may be submitted