



### CLAIM FOR DAMAGES

Return completed form to: Administration

City of Hanford  
319 N. Douty St.  
Hanford, CA 93230  
(559) 585-2520

(Please Type or Print Clearly)

CLAIM AGAINST: \_\_\_\_\_  
(Name of Entity)

Claimant's name: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Claimant's address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address where notices about claim are to be sent, if different than above: \_\_\_\_\_

Date of incident/accident: \_\_\_\_\_

Date injuries, damages, or losses were discovered: \_\_\_\_\_

Location of incident/accident: \_\_\_\_\_

What did entity or employee do to cause this loss, damage, or injury? \_\_\_\_\_

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What are the names of the entity's employees who caused this injury, damage, or loss (if known)? \_\_\_\_\_

What specific injuries, damages, or losses did claimant receive? \_\_\_\_\_

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What amount of money is claimant seeking or, if the amount is in excess of \$10,000, which is the appropriate court of jurisdiction. Note: If Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" [see Government Code 910(f)]

How was this amount calculate (please itemize)? \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

If signed by representative

Representative's Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Relationship to Claimant: \_\_\_\_\_

**PLEASE READ – IMPORTANT!**

Your claim must be filed within six (6) months of the date of the incident (Government Code 911.2).

Complete the claim form in its entirety and return to the address at the top of the claim form.

Your claim will be forwarded to the Claims Administrator for review and it will either be settled or denied. You will be notified by mail of the decision.

If your claim is denied, you will have six months from the date of denial to initiate an action against the City (Government Code 945.6).

If you have questions, please call (559) 585-2520.