

CLAIM PRESENTED TO THE TOWN OF DANVILLE

Please read the instructions on the back before completing.

1. Full Name of Claimant:	Reserved for Filing Stamp
Claimant's Address:	
Claimant's City, State, Zip:	
Claimant's Email Address:	<input type="checkbox"/> In person <input type="checkbox"/> Mailed
Claimant's Telephone Number, including area code:	
2. If different from above, address to which notices regarding the claim should be sent (include the name, relationship to the claimant, and other contact information of anyone other than the claimant to whom notices regarding the claim should be sent):	
First and Last Name	Relationship to Claimant
Address	City, State, Zip:
Email:	Telephone number, including area code:
3. Date (Month/Day/Year) and time the injury, damage, or loss occurred:	
4. Specific location where the injury, damage, or loss occurred:	
5. a. What happened (describe in as much detail as possible the circumstances that gave rise to the claim) and why is the Town responsible?	
b. Name(s) and job title(s) of responsible Town employee(s), if known.	
6. Describe in as much detail as possible the injury, damage, or loss incurred:	
7. Claim amount (if less than \$10,000):	For amounts \$10,000 and over, please indicate whether the claim would be a limited civil case:
\$	<input type="checkbox"/> Yes (Limited Civil Case) <input type="checkbox"/> No (Unlimited Civil Case)
8. How did you arrive at the amount claimed? Please attach documentation.	
9. Signature of Claimant or Representative	
Date Signed	

PRESENTING A CLAIM TO THE TOWN OF DANVILLE

PLEASE TYPE OR PRINT CLEARLY ALL OF THE INFORMATION REQUESTED ON THE CLAIM FORM.
ATTACH ADDITIONAL PAGES, IF NECESSARY, TO GIVE COMPLETE DETAILS AND INFORMATION.

SUBMIT COMPLETED AND RELATED DOCUMENTATION TO: The Town Clerk of the Town of Danville, 500 La Gonda Way, Danville, CA, 94526. Personal service of claims can be accomplished during regular business hours, 8:30 a.m. – 5:00 p.m., Monday through Friday (excluding holidays).

If you wish to receive a stamped copy of your claim, return the form to the Town Clerk with a cover letter along with a stamped, self-addressed envelope informing the Town of your request.

THE FOLLOWING PROVIDES INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE CLAIM FORM:

1. **Claimant's Contact Information** - State the full name and mailing address of the person/persons claiming damage or injury. Please include a daytime and evening telephone number, and an email address if you have one.
2. **Official Notices and Correspondence** - Provide the name and mailing address of the person to whom all official notices and other correspondence from the Town should be sent, if different from the information provide in section 1. Please provide the best telephone number to reach the representative during business hours.
3. **Date and Time Injury, Damage, or Loss Occurred?** - State the month, date, year, and approximate time (if known) of the incident that caused the alleged damage/injury.
4. **Specific Location Where the Injury, Damage, or Loss Occurred**- Please include street address, city, county, intersection, etc. If applicable, also include the Police Report number in the top right of the form.
5. **What Happened and Why is the Town Responsible?**
 - a. Please explain the circumstances that led to the alleged damage or injury. State all facts that support your claim against the Town and why you believe the Town is responsible for the alleged damage or injury.
 - b. If known, identify the name of the Town Department(s) and/or Town employee(s) that allegedly caused the damage or injury.
6. **Describe the Damage or Injury that Arose from the Incident** - Provide in full detail a description of the damage/injury that allegedly resulted from the incident. (What specific damage or injury do you claim resulted from the alleged actions?)
7. **Claim Amount** – If under \$10,000, state the specific total dollar amount you are claiming as a result of the alleged damage/injury. If the damage/injury is continuing or you anticipate future costs, indicate with a "+" following the dollar amount. If the total dollar amount exceeds \$10,000, select the appropriate court jurisdiction for the claim.
8. **How Did You Arrive at the Amount Claimed?** - Provide a breakdown of how the total amount that you are claiming was computed. You may declare expenses incurred and/or future, anticipated expenses. If you have supporting documentation (i.e. bills, payment receipts, cost estimates), please attach copies of them to your claim. You may redact bank, credit card, or other private information from any documents attached.
9. **Signature** - The claim must be signed by the claimant or by some person (i.e., an attorney or other representative) on behalf of the claimant.

THANK YOU