

**CLAIM AGAINST THE CITY OF BENICIA**

Please return to the City Clerk, 250 East L Street, Benicia, CA 94510

Complete the following, adding additional sheets as necessary.

1. CLAIMANT'S NAME (Print): \_\_\_\_\_

2. CLAIMANT'S ADDRESS: \_\_\_\_\_  
(Street or P.O. Box Number, City, State, Zip Code)

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

3. AMOUNT OF CLAIM: \$ \_\_\_\_\_ (Attach copies of bills/estimates)

If amount claimed is more than \$10,000, indicate where jurisdiction rests:

Limited Civil Case \_\_\_\_\_

Unlimited Civil Case \_\_\_\_\_

4. Address to which notices are to be sent, if different from lines 1 and 2 (Print):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or P.O. Box Number, City, State, Zip Code)

5. DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

6. Describe the incident or accident including your reason for believing that the City is liable for your damages:

7. Describe all damages which you believe you have incurred as a result of the incident:

8. Names of public employee(s) causing the damages you are claiming:

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

Any person who, with intent to defraud, presents any false or fraudulent claim may be punished by imprisonment or fine or both.

**Note: YOU must file a claim in compliance with Government Code Section 911.2.**

(revised 12/18/02)