

File with:  
Office of the City Manager/City Clerk  
City of Sebastopol  
7120 Bodega Avenue  
Sebastopol, CA 95472

Date Received:
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**CLAIM FOR MONEY OR  
DAMAGES AGAINST THE  
CITY OF SEBASTOPOL**

A claim must be presented, as prescribed by the Government Code of the State of California, by the claimant or a person acting on his/her behalf and shall show the following:

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: \_\_\_\_\_

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

Mailing Address (if different than above): \_\_\_\_\_

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

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

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

Mailing Address (if different than above): \_\_\_\_\_

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

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.

\_\_\_\_\_  
\_\_\_\_\_