

File With:  
Office of City Clerk  
City of Live Oak  
9955 Live Oak Blvd.  
Live Oak, CA 95953

**CLAIM FOR MONEY OR DAMAGES  
AGAINST  
THE CITY OF LIVE OAK**

RESERVE FOR FILING STAMP

CLAIM NO. \_\_\_\_\_

A claim must be presented to a public agency, as required by the Government Code of the State of California, Section 910. Before completing this form, please read the attached instructions. You must complete each section of this form or your claim may be returned to you as insufficient.

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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

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

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

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

**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. What specific damage or injury are you claiming?**

5. The name or names of the public employee or employees causing the injury, damage, or loss, if known.

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6. Was the Police Department or other law enforcement agency contacted? If yes, please provide a police report number and name of agency.

<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Yes	No	Police Report No.	Name of Agency

7. Names and addresses of all witnesses, hospitals, doctors, or other individuals having knowledge relevant to the claim:

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8. If auto accident, please complete the following:

_____	_____
Claimant's Vehicle License No.	Year/Make/Model
_____	_____
City's Vehicle License No.	Year/Make/Model      Name of Department

9. **If amount claimed totals less than \$10,000:** The amount claimed, if less than ten thousand dollars (\$10,000) as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed.

Amount Claimed and basis for computation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If amount claimed exceeds \$10,000:** If the amount claimed exceeds ten thousand dollars (\$10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case. A limited civil case is one where the recovery sought, exclusive of attorney fees, interest and court costs does not exceed \$25,000. An unlimited civil case is one in which the recovery sought is more than \$25,000. (See CCP § 86.)

<input type="checkbox"/> Limited Civil Case	<input type="checkbox"/> Unlimited Civil Case
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**Warning:** Presentation of a false claim is a felony (Penal Code §72). Pursuant to CCP §1038, the City/Agency may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause. I declare under penalty of perjury that the foregoing is true and correct. Please sign below.

Signature: _____	Date: _____
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