

# PLEASE READ – IMPORTANT!

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

Your claim will be forwarded to the City's Risk Manager for investigation. Following that, your claim will be either settled or denied. You will be notified by mail.

If your claim is denied, you will have 6 months from the date of denial to initiate an action against the city (Government Code 945.6). Our hope is that you will be treated fairly. If you have any questions, please call.

**Claim submittal must include a completed claim form, map, and/or description of the area, when possible, pictures of the area and damage, and multiple estimates for repairs.**

**Claim forms must be returned in person or by other delivery methods such as USPS, UPS, or FedEx. Electronic Claim submittals are NOT accepted.**

**Claims are to be submitted to: 6707 Third Street, Riverbank, CA 95367**

**Questions call: 209.863.7122**



**CLAIM FORM  
CITY OF RIVERBANK**

6707 Third Street Riverbank, CA 95367

209.863.7122

(Please Type or Print)

**CLAIM AGAINST:** \_\_\_\_\_

**Claimant's Name:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_ Male \_\_\_\_ Female

**Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Claimant's Address:**

**Address where notices about the claim are to be sent (if different from above):**

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

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

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

**What did the entity or employee do to cause this loss, damage, or injury?**

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

**Names of the entity's employees who caused this injury, damage, or loss (if known):**

**Specific injuries, damages, or losses the claimant received:**

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

**Amount of money claimant is 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 calculated (please itemize):**

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

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

If signed by a representative:

**Signature:** \_\_\_\_\_

**Representative's Name:** \_\_\_\_\_

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

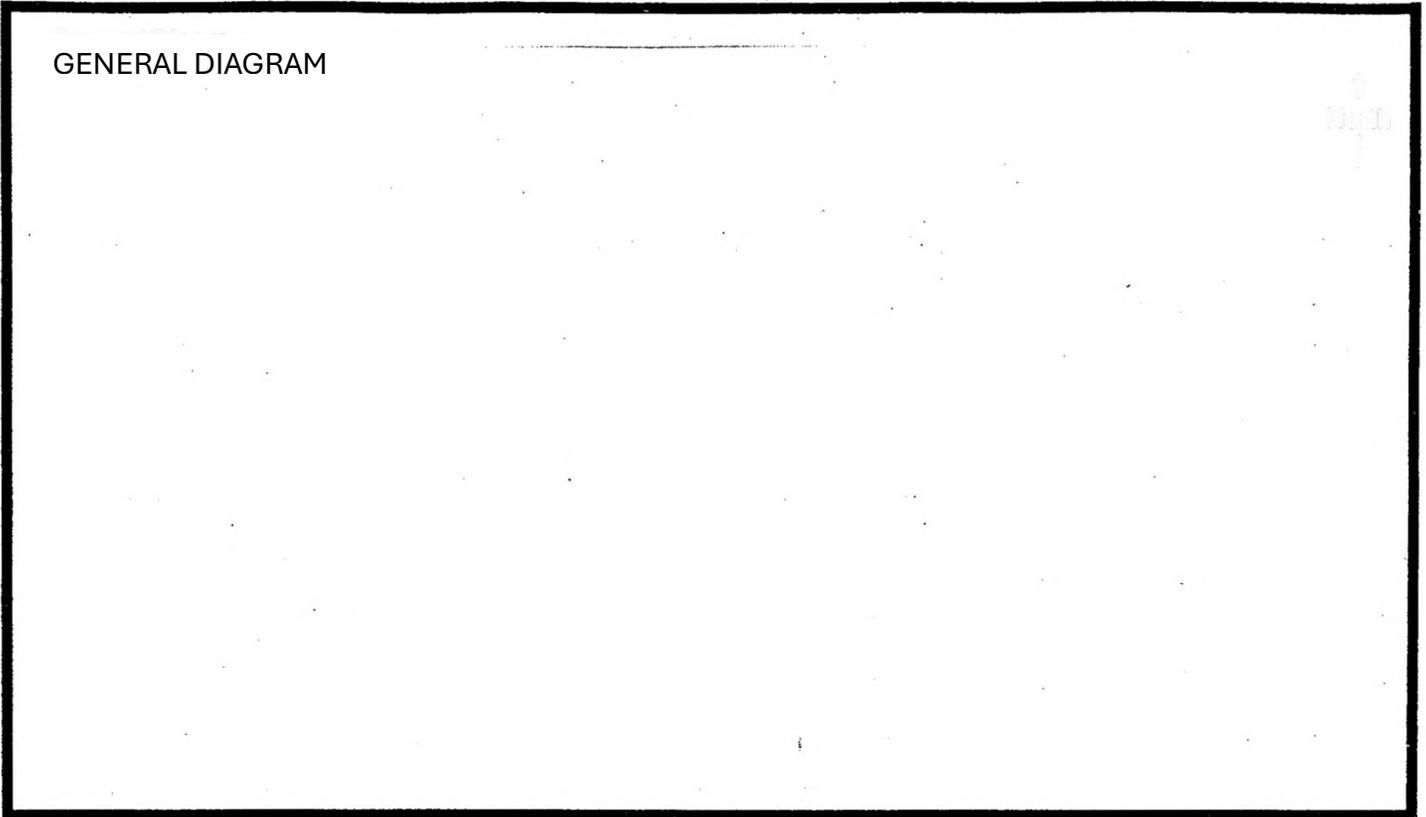
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6707 Third Street, Riverbank, CA 95367

# DIAGRAMS

GENERAL DIAGRAM



STREET INCIDENTS

