

CLAIM AGAINST THE TOWN OF TIBURON

1. Claimant's Name (print): \_\_\_\_\_

2. Claimant's Address: \_\_\_\_\_  
(Street or P. O. Box number, City, State and ZIP code)

3. Amount of Claim \$ \_\_\_\_\_

4. Name and Address to Which Notices are to be Sent (if different than Lines 1 & 2 above):

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

5. Date of Accident/Loss: \_\_\_\_\_ Time of Accident/Loss: \_\_\_\_\_

6. Specific Location of Accident/Loss: \_\_\_\_\_

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

7. How did the Accident/Loss Occur? \_\_\_\_\_

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

8. Describe the Injury/Damage/ Loss: \_\_\_\_\_

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

9. Name of Public Employee (if any) Causing Injury/Damage/Loss (if known): \_\_\_\_\_

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

10. Itemization of Claim (list items totaling amount set forth above):

_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

I certify under penalty of perjury that the foregoing is true and correct.

11. Signed by or on behalf of Claimant: \_\_\_\_\_

12. Dated: \_\_\_\_\_