



**LIABILITY CLAIM FORM
FOR DAMAGES TO PERSON OR PROPERTY**

INSTRUCTIONS:

1. Read entire form before completing. Please print clearly.
2. Claims must be filed generally with the City Clerk no later than six (6) months after the occurrence. (Gov't Code §911.2)
3. Return your signed claim and supporting documentation to:
City of South Lake Tahoe
City Clerk's Office
1901 Lisa Maloff Way, Suite 206
South Lake Tahoe, CA 96150.
4. Note that the presentation of a false claim is a felony. (Penal Code § 72)
5. Note that the City of South Lake Tahoe **does not** accept claims for *Ambulance Joint Powers Authority, California Highway Patrol, California Tahoe Conservancy, Caltrans, El Dorado County, Lake Tahoe Community College, Lake Tahoe Unified School District, Lake Valley Fire Protection District, Park Avenue Development Maintenance Association (PADMA), South Tahoe Public Utility District, South Tahoe Refuse & Recycling, Tahoe Transportation District, Tahoe Keys Homeowners' Association, Tahoe Regional Planning Association, US Forest Service, or any other non-City agency.* For claims against those agencies, please contact the agency directly.

Name of Claimant: _____ Age: _____

Mailing Address: _____

Street Address: _____

City, State, Zip: _____

Phone Number, Email: _____

Date and Time of Incident: _____

Place of Incident: _____

Was there a Police Report? _____ Was there bodily injury? _____

Did the Fire Dept/Ambulance respond? _____

Where was the injured taken? _____

By whom? _____

If notice is to be sent to someone other than claimant, please state name, relationship to claimant, mailing and street address, home phone and business phone: _____

How did the damage or injury occur? _____

Attach a diagram, clearly designating points of contact if applicable.

What act or omission do you claim caused the injury or damage? Give the name(s) of City employee(s) involved, if known: _____

Names and addresses of witnesses: _____

Amount of Claim: _____ How was the claim computed? Attach any repair estimates, doctor bills, pay stubs, etc.: _____

ALL QUESTIONS MUST BE ANSWERED. OMITTING INFORMATION MAY MAKE YOUR CLAIM LEGALLY INSUFFICIENT.

I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Claimant or Person Acting on their behalf

Date

Print Name