

**City of Livermore Claim Booklet**  
**Includes Instructions and Claim Form**



# Instructions for filing a claim

Please read all instructions on this page before completing the claim form. You must fully complete all applicable sections of this form or your claim will be returned to you as incomplete.

**Note: This information is not legal advice. If you have any legal questions, please seek the advice of an attorney.**

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## Section 1 Claimant Information

Provide the full name, mailing address, and telephone number of the person(s) claiming damage/injury. (Note: All official notices and other correspondence will be sent to the person(s) listed in this section unless a representative's name is provided in Section 4.) **If the claim is for personal injury**, the Social Security number, date of birth, and gender of the claimant are required. If the claim is being filed on behalf of a minor, specify your relationship to the minor, and the date of birth of the minor.

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## Section 2 Claim Information

- Provide the name of the department(s) that allegedly caused the damage/injury.
- Provide the name of the employee involved in the incident, if known.
- State the exact date of the incident that caused the alleged damage/injury.
- Enter the total dollar amount being claimed as a result of the alleged damage/injury. If damage/injury is continued or anticipated in the future, indicate with a "+" following the dollar amount.

- Provide a breakdown of how the total amount being claimed was computed. You should declare expenses incurred and/or future, anticipated expenses. Attach one (1) **legible** copy of all bills, payment receipts, and cost estimates to your claim.
- Describe in **full detail** the damage/injury that allegedly resulted from the incident.
- If applicable, provide the street address, city, county, state highways, road numbers, or post mile markers where the alleged damage/injury occurred.
- Describe in **full detail** the circumstances that led up to the alleged damage/injury. State **all facts** that support your claim and why you believe the City of Livermore is responsible. If known, provide the name(s) of the department(s) and/or the name(s) of the City employee(s) who allegedly caused the damage/injury, or loss.

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## Section 3 Insurance Information

Indicate if a claim for the alleged damage/injury has been filed with your insurance carrier, either automobile, health, disability, homeowner's, or business. If yes, provide the name, telephone number, and mailing address of the insurance agent. Also include your policy number and the amount of deductible.

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## Section 4 Representative Information

If an attorney or authorized representative is filing the claim on your behalf, provide the name, telephone number, and mailing address of the attorney/representative. (Note: If representative information is provided, all official notices or other correspondence will be sent to the person listed in this section.)

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## Section 5 Notice and Signature

The claim form must be signed by the claimant or the claimant's attorney or authorized representative. The City will not accept the claim without a proper original signature and date of signature.

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## Section 6 Filing a Late Claim Application

Under State law, claims relating to causes of action for death or for injury to person or personal property or growing crops (tort claims) must be presented to the City **no later than six (6) months** after the date of incident or date of knowledge of the claimant. Tort claims relating to any other causes of action must be presented no later than one (1) year after the incident date or date of knowledge. Claimants are encouraged to consult with an attorney to determine if there are exceptions to their claim. Equity claims have no statutory claim filing deadlines. Please note that evidence of "presentation" includes a clear postmark date on an envelope, a certification of personal service, or a date/time stamp from the City on the claim form.

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## Section 7 Claim Submittals

A complete claim form and/or late claim application and related documentation must be filed with the City Clerk's Office, City of Livermore, either by mail or in person at the mailing address indicated on the top of the claim form during regular business hours (8:00 a.m. – 5:00 p.m.), Monday through Friday, except holidays.

Submit original claim form and one (1) copy of all documentation to:

City of Livermore  
City Clerk's Office  
1052 South Livermore Avenue  
Livermore, CA 94550

Requests for an endorsed copy of the claim and/or late claim application must be submitted in writing along with a self-addressed stamped envelope.

Your claim will be investigated. You will receive notice of action taken on your claim within 45 days of receipt.

***If you have any questions regarding the filing of a claim, please contact the City Attorney's Office at (925) 960-4150.***



**CLAIM FOR DAMAGES**  
(Rev. 8/17)

**Please read "Instructions for filing a claim"**  
If you are filing this claim later than six (6) months after the date of the incident or your date of knowledge, see instructions for filing a late claim application on the opposite page.

**CLAIM NO. LVL** \_\_\_\_\_

**Section 1: Claimant Information**

Name of Claimant		Telephone Number (include area code)	
Mailing Address	City	State	Zip Code
Social Security Number*	Date of Birth*		Gender*
* <b>Required only if filing a personal injury claim</b>			<input type="checkbox"/> Male <input type="checkbox"/> Female

**Section 2: Claim Information**

Is the claim filed on behalf of a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate:</i>	Name of City department against which this claim is filed	
Relationship                      Date of birth of minor	Name of City employee, and department/division, if known	
Describe the specific damage or injury incurred as a result of the incident. (Attach additional sheets if necessary)	Incident Date	Dollar Amount of Claim
		\$
	Discuss how the dollar amount claimed was computed. (Attach <b>one (1) copy</b> of the supporting documentation for the amount claimed with this form.)	
	Give the exact location of the incident. (Attach additional sheets if necessary.)	

Discuss the circumstances that led to the alleged damage or injury. State all the facts that support your claim against the City of Livermore, and why you believe the City is responsible for the alleged damage or injury. If known, provide the name(s) of the City of Livermore employee(s) who allegedly caused the damage, injury, or loss. (Attach additional sheets if necessary)

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**CLAIM FOR DAMAGES**  
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**Please read "Instructions for filing a claim."** Submit original, completed claim form and one (1) copy of all documentation to:

**City of Livermore  
City Clerk's Office  
1052 South Livermore Avenue  
Livermore, CA 94550**

**Section 3. Insurance Information**

Has the claim for alleged damage/injury been filed or will it be filed with your insurance company?  Yes  No

If yes, please fill out the information below.

Name of Insurance Company (If more than one, please attach additional sheets with required information for each company)

Type of Insurance

Policy Number

Mailing Address

City

State

Zip Code

Limits of insurance and Deductible

If claim involves damage to a vehicle:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

\$ \_\_\_\_\_ / \$ \_\_\_\_\_

Are you the registered owner?  Yes  No

**Section 4. Representative Information**

(Must be completed if claim is being filed by an attorney or authorized representative)

Name of Attorney/Representative

Telephone Number (include area code)

Mailing Address

City

State

Zip Code

**Section 5. Notice and Signature**

(Form must be signed and dated to process your claim)

Signature of Claimant

Date

Signature of Attorney/Representative

Date

**NOTE: California Penal Code, section 72 states,** every person who, with intent to defraud, presents any false or fraudulent claim is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine.