

**CITY OF DINUBA**

**CLAIM FORM**

***FORM B***

(Complete and print the request, sign and date, then submit to info@dinuba.ca.gov or mail to City of Dinuba 405 E. El Monte Way, Dinuba CA, 93618.)

CLAIM AGAINST \_\_\_\_\_  
(Name of Entity)

Claimant's name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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

Claimant's address: \_\_\_\_\_

Address where notices about 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 entity or employee do to cause this loss, damage, or injury?  
\_\_\_\_\_

(Use separate sheet if necessary to answer this question in detail.)  
What are the names of the entity's employees who caused this injury, damage, or loss (if known)?  
\_\_\_\_\_

What specific injuries, damages, or losses did claimant receive?  
\_\_\_\_\_

(Use separate sheet if necessary to answer this question in detail.)  
What amount of money is claimant 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 separate sheet if necessary to answer this question in detail.)

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

If signed by representative:  
Representative's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Claimant: \_\_\_\_\_