CITY OF MARINA

HUMAN RESOURCES & RISK DEPARTMENT 211 Hillcrest Avenue

SECTION 1: CLAIMANT INFORMATION

Marina, CA 93933 Phone: 831.884.1283 Fax: 831.384.0860



CLAIM FORM

This form is provided pursuant to Government Code Section 910.4 and shall be used by any person presenting a claim to the City of Marina under Government Code Section 810 et seq., except as provided in Government Code Sections 905 and 905.1. If additional space is needed for any of the required information, please attach additional sheets.

Name of Claimant		Telephone Number (include area code)			
Mailing Address	City	CA	Zip Cod	<u>е</u>	
SECTION 2: NOTICES					
The person presenting this claim	desires that notices be	e sent to the following	address:		
		()			
Name of Claimant		Telephone Number (include area code)		rea code)	
Mailing Address	City	CA		Zip Code	
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SECTION 3: CLAIM INFORM					
Date of the occurrence/transaction	on which gave rise to th	N	Month, Day 8		
Date of the occurrence/transaction	on which gave rise to the	n gave rise to the clair	n. If applica		
	rence/transaction which number, mile post num	n gave rise to the clair aber and direction of tr tion which gave rise to	m. If applica ravel.	ble, include stre	

Provide the name(s) of the City of M	arina employee(s) o	causing the injury, damage o	r lost, if known.
Provide the amount claimed if said a presentation of the claim (including t as it may be known at the time of the the amount claim.	the estimated amou	nt of any prospective injury,	damage, or lost , insofar
Amount Claimed: \$			
Basis for computation:			
If the amount claimed exceeds ten the claim. However, please indicate belone where the amount claimed does	ow whether the clair	n would be a limited civil cas	e. A limited civil case is
Limite	ed Civil Case	Non-Limited Civ	il Case
SECTION 4: INSURANCE INFO INVOLVES A MOTOR VEHICLE Has a claim for the alleged damage/ Yes (If marked, please provide info Name of Insurance Carrier	(injury been filled or		ance carrier?
Mailing Address	City	State	Zip Code
Policy Number:		Deductible: \$	
Name of registered owner(s) of the	vehicle:		
Vehicle Make:	Model:	Y	′ear:
SECTION 5: REPRESENTATIV FILED BY ATTORNEY OR REP			
Name of Attorney/Representative		(<u>)</u> Telephone Number (incli	ude area code)
Mailing Address	City	State	Zip Code
Is the claim filed on behalf of minor?	□ Yes □ No	If yes, please indicate:	
Relationship to minor:		Minor's date of birth:	onth, Day & Year

SECTION 6: ADVISORY

Section 72 of the Penal Code provides that "every person who, with intent to defraud, presents for allowance or for payment to any State Board or Officer, or to any county, town, city, district, ward, or village, board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is guilty of a felony."

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Signature of Claimant or Claimant's Attorney /Representative	Date	

SECTION 8: SUBMISSION OF CLAIM FORM

Completed claim forms must be submitted by personal delivery or by United States mail, postage paid, to the following address:

City of Marina Marina City Hall Attention: Catrina Scharf Human Resources & Risk Department 211 Hillcrest Avenue Marina, CA 93933

Office: (831) 884-1283 Fax: (831) 384-0860 HR@cityofmarina.org

Incomplete and un-signed claim forms will not be processed and will be returned to the claimant's address indicated on this form.

Once your completed and signed claim form is received in the City's Risk Management Department it may require placement on the City Council agenda for consideration to deny your claim. This action to deny your claim is required by law for public entities and does not mean the City will not process your claim. Rather, your claim will be researched by the City's Risk Management process, or it will be referred to the City's Risk Management Authority, MBASIA (Monterey Bay Area Self Insurance Authority) for investigation by the Claims Adjuster, Georg Hills.

Parmit Randahawa, will handle your claim through settlement or resolution. You will be notified in writing by MBASIA of any actions pertaining to the status of your claim and if additional information in required. You may also contact our Risk Management Services at (510) 375-1141, if you wish to discuss your claim.

Thank you.