

City of Hughson
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Hughson, CA 95326
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CLAIM FORM
Form B

CLAIM AGAINST _____

Claimant's Name: _____

SSN: _____ DOB: _____ Gender: Male Female

Claimant's Address: _____

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: _____

for additional details use another piece of paper or the back part of this form.

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? _____

for additional details use another piece of paper or the back part of this form.

What amount of money is claimant seeking or, if the amount is more than \$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)? _____

for additional details use another piece of paper or the back part of this form.

Date Signed: _____ Signature: _____

If signed by representative:

Representative's Name: _____ Telephone No.: _____

Address: _____

Relationship to Claimant: _____