

CLAIM PRESENTED TO THE LIVERMORE-PLEASANTON JOINT POWERS AUTHORITY ("LPPD")

Please read the instructions on the back before completing.

1. Claimant's Name: <i>(Please Print)</i> <hr/> Claimant's Address (City, State, Zip) <hr/> E-mail Address: <hr/> Day Phone: () _____ Eve: () _____ <small>*Information required by Medicare for all claims involving bodily injury:</small> *Date of Birth: _____ *Social Security No.: _____	<i>Reserved for Filing Stamp</i>
2. When did the damage or injury occur? Month: _____ Day: _____ Year: _____ Time: _____ a.m. or p.m.	
3. At which location did the damage or injury occur? _____ <div style="text-align: right;">Police Report No. (if available): _____</div>	
4. a. What happened and why is LPPD responsible? <hr/> <hr/> <hr/>	
b. Name and position of responsible LPPD Employee(s), if known: _____	
5. What damage or injury occurred? <hr/> <hr/> <hr/>	
6. Claim amount: <hr/>	
7. How did you arrive at the amount claimed? Please attach documentation. <hr/> <hr/>	
8. I declare that the information provided above is true and correct, and that this declaration was executed on _____, 20____, at _____ CA. <div style="text-align: center;"> _____ <i>Signature of Claimant or Representative</i> </div>	
9. Official Notices and Correspondence - <i>If represented by an insurance company or an attorney, provide the following information:</i> Name and Capacity: <i>(please print)</i> _____ Address: _____ City, State, Zip: _____ Day Phone: _____ Eve.: _____	

PRESENTING A CLAIM TO LIVERMORE-PLEASANTON JOINT POWERS AUTHORITY ("LPFD")

- ⇒ PLEASE TYPE OR PRINT CLEARLY ALL OF THE INFORMATION REQUESTED ON THE CLAIM FORM.
⇒ YOU MUST COMPLETE EACH SECTION OR YOUR CLAIM MAY BE RETURNED TO YOU AS INSUFFICIENT.
- The following provides specific instructions for completing each section of the claim form.
 - Attach additional pages if you need more room to provide the requested information.

1. **NAME AND MAILING ADDRESS OF CLAIMANT** – State the full name and mailing address of the person(s) claiming damage or injury. Please include a daytime and evening telephone number. Date of Birth and Social Security No. is required by Medicare for all claims involving bodily injury.
2. **WHEN DID THE DAMAGE OR INJURY OCCUR?** – State the exact month, date, year, and approximate time (if known) of the incident which caused the alleged damage/injury.

Under State law, claims relating to causes of action for personal injury, wrongful death, property damage, and crop damage must be presented to LPFD no later than six months after the incident date. A claim may be presented in person or by mail.

When filing a claim beyond the six-month period, you must explain the reason the claim was not filed within the six-month period. This explanation is called “**application for leave to present a late claim**”. In considering your claim, LPFD will first decide whether the late claim application should be granted or denied. (See Government Code Section 911.4 for the legally acceptable reasons a claim may be filed late.) Only if your late claim application is granted will LPFD then consider the merits of your claim.

Claims relating to any cause of action other than personal injury, wrongful death, property damage, and crop damage must be presented no later than one year after the incident date. (See Government Code Section 911.2).

3. **AT WHICH LOCATION DID THE DAMAGE OR INJURY OCCUR?** – Please include street address, city, county, intersection, etc. If possible, also include the Police Report number (if available).
4. **WHAT HAPPENED AND WHY IS LPFD RESPONSIBLE?** – Please explain the circumstances that led to the alleged damage or injury. State all facts which support your claim that LPFD is responsible for the alleged damage or injury. If known, identify the name of the LPFD employee(s) that allegedly caused the damage or injury.
5. **WHAT DAMAGE OR INJURY OCCURRED?** – Provide in full a detailed description of the damage/injury that allegedly resulted from the incident. (What specific damage or injury do you claim resulted from the alleged actions?)
6. **CLAIM AMOUNT:** - State the specific total dollar amount you are claiming as result of the alleged damage/injury.
7. **HOW DID YOU ARRIVE AT THE AMOUNT CLAIMED?** – Provide a breakdown of how the total amount that you are claiming was computed. You may declare expenses incurred and/or future anticipated expenses. If you have supporting documentation (i.e., bills, payment receipts, cost estimates) please attach copies of them to your claim.
8. **SIGNATURE:** - The claim must be signed by the claimant or by the attorney/representative of the claimant. LPFD will not accept the claim without a proper signature. Government Code Section 910.2 provides: “The claim shall be signed by the claimant or by some person on his [or her] behalf.”
9. **OFFICIAL NOTICES AND CORRESPONDENCE** - Provide the name and mailing address of the person to whom all official notices and other correspondence from LPFD should be sent, only if other than claimant. Please provide telephone numbers for the representative, if applicable.

⇒ **SUBMIT COMPLETED AND RELATED DOCUMENTATION TO:** The City Clerk of the City of Pleasanton. Personal service of claims can be accomplished during regular City business hours 8:00 am to 5:00 pm, Monday through Friday (excluding City holidays) at 123 Main St., Pleasanton. The claim may also be mailed to the City Clerk at P.O. Box 520, Pleasanton, CA 94566-0802.

⇒ If you wish to receive a stamped copy of your claim, return the form to the City Clerk with a cover letter along with a stamped, self addressed envelope informing the City of your request.