



NOTICE OF CLAIM AGAINST THE CITY OF SOLVANG, CALIFORNIA
(Government Code § 910, 910.2)

MAIL OR DELIVER TO:
City Clerk, City of Solvang
City Hall, 1644 Oak St, Solvang, CA 93463

Date filed:

OR

EMAIL SIGNED FORM TO:
Annamarie Porter, City Clerk: aporter@cityofsolvang.com

CITY USE ONLY

INSTRUCTIONS (Please read carefully):

Claims related to injury to person or damage to personal property must be presented to the City within six (6) months from the date of loss.

Claims related to any other loss must be presented not later than one (1) year from the date of loss.

Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient. If more space is needed to provide requested information, please attach additional pages identifying the section(s) being answered.

Claims filed with the City will be evaluated by third-party claims administrators Carl Warren & Company. Carl Warren representatives will contact claimants directly regarding the status of their claim. During this process, Carl Warren may request additional documentation and/or information such as a claimant's birth date or social security number. Failure to provide this information may result in delayed processing or a finding of insufficiency.

- 1. Claimant's Full Name: _____ 2. Claimant's Current Age _____
- 3. Claimant's Mailing Address: _____

STREET NUMBER	STREET	APT NO.	CITY	STATE	ZIP
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- 4. Phone Number: _____
 SELECT ONE: MOBILE HOME WORK SELECT ONE: MOBILE HOME WORK

- 5. Date of Loss: _____ Time of Loss: _____ AM PM

- 6. Location of Loss (Specify in as much detail as possible. Include address if known, as well as specific location upon the site. Example: "5 feet east of west corner of Elmira Road and Peabody."): _____

- 7. Description of incident/accident that caused you to make this claim: _____

- 8. What specific injury, damages or other losses did you incur? *Attach photographs or other exhibits.*

- 9. What amount of money are you seeking to recover? Enter the amount claimed here: \$ _____
 (Check one of the boxes below):
 The amount claimed totals \$10,000 or less; jurisdiction rests in Small Claims Court.
 The amount claimed is more than \$10,000; jurisdiction rests in Superior Court.

