



**LIABILITY CLAIM FORM FOR DAMAGES TO PERSON OR PROPERTY**

**CITY OF SOUTH LAKE TAHOE  
ATTN: CITY ATTORNEY'S OFFICE  
1901 AIRPORT RD, Suite 300  
SOUTH LAKE TAHOE, CA 96150**

1. Read entire form before completing. Please print.
2. Attach separate sheets, if necessary, to give full details.
3. Claims generally must be filed no later than six (6) months after the occurrence. **(EFFECTIVE JANUARY 1, 1988)**

Name of Claimant _____			Date of Incident _____	Time of Incident _____
Mailing Address _____			Place of Incident _____	
Street Address _____			Was there a Police Report? _____	
City _____ State _____ Zip _____			Was there bodily injury? _____	
Age _____ Home Phone _____ Bus. Phone _____			Did the Fire Dept/Ambulance Respond? _____	
Notice to be sent to (if other than claimant): _____			Where was injured taken? _____	
Name _____			By whom? _____	
Relationship to Claimant _____			Age _____	
Mailing/Street Address _____			Home Phone _____ Bus. Phone _____	
City _____ State _____				

How did damage or injury occur? \_\_\_\_\_  
\_\_\_\_\_

Attach a diagram showing direction and positions of automobiles or property involved, **clearly** designating points of contact (if applicable).

What particular act or omission do you claim caused the injury or damage? (Give names of City employee(s) involved, if known).  
\_\_\_\_\_  
\_\_\_\_\_

Names and addresses of witnesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of claim: \_\_\_\_\_ How was amount of claim computed? **(Attach two (2) repair estimates, doctor bills, pay stubs, etc.)**  
\_\_\_\_\_  
\_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED. OMITTING INFORMATION MAY MAKE YOUR CLAIM LEGALLY INSUFFICIENT.**

***I have read the foregoing claim and know the contents thereof and certify that the same is true of my own knowledge except as to those matters which are here stated upon my information and belief and as to those matters I believe it to be true. I declare under penalty of perjury that the foregoing is true and correct.***

Signature of Claimant or Person Acting on His/Her Behalf \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE §72)**

Rev: 11/26/2012

**PLEASE NOTE: THE CITY OF SOUTH LAKE TAHOE DOES NOT ACCEPT CLAIMS FOR:**  
AMBULANCE JOINT POWERS AUTHORITY, CALIFORNIA HIGHWAY PATROL, CALIFORNIA TAHOE CONSERVANCY, CALTRANS, EL DORADO COUNTY, LAKE TAHOE COMMUNITY COLLEGE, LAKE TAHOE UNIFIED SCHOOL DISTRICT, LAKE VALLEY FIRE PROTECTION DISTRICT, PARK AVENUE DEVELOPMENT MAINTENANCE ASSOCIATION (PADMA), SOUTH TAHOE PUBLIC UTILITY DISTRICT, SOUTH TAHOE REFUSE & RECYCLING, TAHOE BLUEGO/ TAHOE TRANSPORT DISTRICT, TAHOE KEYS HOMEOWNERS' ASSOCIATION, TAHOE REGIONAL PLANNING AGENCY, US FOREST SERVICE, OR ANY OTHER NON-CITY AGENCY.  
**FOR CLAIMS AGAINST THESE AGENCIES PLEASE CONTACT THE AGENCY DIRECTLY.**