

**CLAIM AGAINST THE TOWN OF FAIRFAX  
(Government Code Section 910)**

Claimant's Name: \_\_\_\_\_

Claimant's Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Claimant's Address: \_\_\_\_\_

Claimant's Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address where notices about claim are to be sent if different than above:

Date of incident/accident: \_\_\_\_\_

Date injuries, damages or losses were discovered: \_\_\_\_\_

Location of incident/accident: \_\_\_\_\_

What did Town or employee do to cause this loss, damage or injury:

\_\_\_\_\_  
(Use back of this form or separate sheet if necessary to answer this question in detail)

What are the names of the Town's employees who caused this injury, damage or loss (if known)?:

What specific injuries, damages or losses did claimant receive? \_\_\_\_\_

\_\_\_\_\_  
(Use back of this form or separate sheet if necessary to answer this question in detail)

What amount of money is claimant seeking, or if amount is in excess of \$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)? \_\_\_\_\_

\_\_\_\_\_  
(Use back of this form or separate sheet if necessary to answer this question in detail)

Date Signed: \_\_\_\_\_ Signature: \_\_\_\_\_

If signed by representative:

Representative's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Representative's Address: \_\_\_\_\_

Relationship to Claimant: \_\_\_\_\_

**WARNING:** It is unlawful to make knowingly a false claim. In addition, please note that, pursuant to Section 128.5 and 1038 of the California Code of Civil Procedure, the Town may seek to recover all costs of defense in the event an action is filed in this matter and it is determined that the action was not brought in good faith and with reasonable cause.