



CITY OF MERCED

GOVERNMENT CLAIM FORM INSTRUCTIONS

Attached is a City of Merced Government Claim Form for your use. Please complete each section completely. If any portion of the questionnaire does not apply to your situation, please write "N/A" in that space.

Complete the claim form in its entirety. Incomplete forms will delay processing and could be returned to you. Attach either your receipt(s) or one estimate of repair, depending on which is applicable, showing your monetary loss.

Please do not assume that the City accepts any liability as a result of this incident. Your claim form will be forwarded to the City's claims adjuster for investigation. Following that, your claim will be either accepted, rejected, or settled in part. You will be notified by mail.

PURSUANT TO SECTIONS 901 AND 911.2 OF THE GOVERNMENT CODE, THIS CLAIM FORM MUST BE FILED WITH THE CITY OF MERCED **WITHIN SIX (6) MONTHS OF DATE OF OCCURRENCE.**

Completed claim form must be filed, either in person at or mailed to the following location:

Insurance Division
City of Merced
678 W. 18th Street
Merced, CA 95340

Should you have any questions, please call (209) 388-7100.

For additional information refer to City of Merced Municipal Code Chapter 1.16 – Claims Against the City.

Attachment: Government Claim Form