



MODESTO POLICE DEPARTMENT TOWING CLAIM FOR MONEY OR DAMAGES

TO: Modesto Police Department
City of Modesto
600 10th Street
P.O. Box 3313
Modesto, CA 95353
(209) 572-9679

OFFICE USE ONLY

DATE RECEIVED

WARNING: Your claim **MUST** be filed with the City of Modesto no later than six months after the date of the incident. Government Code Section 910 et. Seq.)

FOR YOUR CLAIM TO BE PROCESSED:

1. You *MUST* accurately and completely supply all required information below.
2. You *MUST* state in *DETAIL* what damages you incurred as a result of your vehicle being towed.
3. You *MUST* state in *DETAIL* why you believe your vehicle was not properly towed.
4. Please *PRINT*.

CLAIMANT INFORMATION

Name: (Last, First, Middle)		
Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Other Phone:

NOTICES TO BE SENT TO (OTHER THAN TO CLAIMANT ADDRESS)

Name: (Last, First, Middle)		Relation to Claimant:
Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Other Phone:

PROVIDE INFORMATION IN DETAIL REGARDING THE CLAIM

What damages and/or injury did you suffer? DESCRIBE IN DETAIL
Why do you believe your vehicle was not properly towed? DESCRIBE IN DETAIL
Why do you believe the City of Modesto is responsible or involved?

INCIDENT INFORMATION

Date of Incident:	Time:	Location:
Vehicle License Number:	State Issued:	Police Report Number:

PRESENTATION OF A FALSE CLAIM IS UNLAWFUL
(California Penal Code Section 72)

Signature of Claimant or Representative

Date