OFFICE OF THE CITY ATTORNEY

CITY OF PALO ALTO

250 Hamilton Avenue, 8th Floor
Palo Alto, CA 94301
650.329.2171

CITY OF PALO ALTO CLAIM FORM INSTRUCTIONS:

Pursuant to Government Code Section 910, subject to certain limited exceptions, a claim and any document attached thereto involving any other alleged cause of action must be filed with the City of Palo Alto within six (6) months of the incident. Completed claims must be filed with the **City Clerk's Office, 250 Hamilton Avenue, Palo Alto, California, 94301 or city.clerk@paloalto.gov**. Please complete each section thoroughly. This claim form is a public record and shall be provided upon request in conformance with the Public Records Act, Government Code Sec. 6250 *et seq*.

The furnishing to you of the claim form is not an admission by the City of any liability on the part of the City or any officer, agent or employee thereof.

Attach copies of itemized receipts, estimates, photographs or other documentation to support your claim.

CLAIM AGAINST THE CITY OF PALO ALTO

Please Submit form to the City Clerk's Office.
(Attach additional Pages as Necessary)

1. Claimant's Name and Home Address* (Please Print Clearly)	2. Send Official Correspondence to: (If different from Claimant)
City Zip	City Zip
Telephone (Primary)* (Email)*	Telephone (Primary) (Email)

3. Date of Birth (**optional**)	4. Date of Incident*	5. Time of Incident (AM or PM)*

6. Location of Incident or Accident*	7. Claimant Vehicle License Plate #, Type and Year (if applicable)*

8. Basis of Claim. State in detail all facts and circumstances of the incident. Identify all persons, entities, property and City departments involved. State why you believe the City is responsible for the alleged injury, property damage or loss.*

_____

_____

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_____

Name and Department of city employee who allegedly caused injury or loss (if known)

Type of City Vehicle Vehicle License Number

_____

9. Description of Claimant's injury, property damage or loss*

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_____

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_____

_____

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_____

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_____

_____

10. Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation.*

ITEMS

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

TOTAL AMOUNT $ _____

Court Jurisdiction: (Check one)

Limited Civil ☐ Unlimited Civil ☐

11. Witnesses Name (if any) Address Telephone

1._____

2._____

12.

_____ _____

Signature of Claimant or Representative* Date*

_____ _____

Print Name* Relationship to Claimant*

Do Not Write In This Space (Clerk Stamp)

This claim form, and all attached documents are a public record and shall be provided upon request in conformance with the Public Records Act, Government Code Sec. 6250 et seq.

Criminal penalty for presenting a false or fradulent claim is imprisonment or fine or both (Penal Code §72).