



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@cityofpaloalto.org**. 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) _____ _____ City _____ Zip _____ Telephone (Primary)* _____ (Email)* _____		2. Send Official Correspondence to: (If different from Claimant) _____ _____ City _____ Zip _____ 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.* _____ _____ _____ Name and Department of city employee who allegedly caused injury or loss (if known) _____ <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Type of City Vehicle _____</td> <td style="width: 50%;">Vehicle License Number _____</td> </tr> </table>				Type of City Vehicle _____	Vehicle License Number _____										
Type of City Vehicle _____	Vehicle License Number _____														
9. Description of Claimant's injury, property damage or loss* _____ _____ _____ _____ _____ _____ _____ _____		10. Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation.* <p style="text-align: center;">ITEMS</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td style="text-align: right;">\$</td><td>_____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$</td><td>_____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$</td><td>_____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$</td><td>_____</td></tr> </table> <p>TOTAL AMOUNT \$ _____</p> <p>Court Jurisdiction: (Check one) Limited Civil <input type="checkbox"/> Unlimited Civil <input type="checkbox"/></p>		_____	\$	_____	_____	\$	_____	_____	\$	_____	_____	\$	_____
_____	\$	_____													
_____	\$	_____													
_____	\$	_____													
_____	\$	_____													
11. Witnesses Name (if any) Address Telephone 1. _____ 2. _____		12. <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> Signature of Claimant or Representative* Date* </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> Print Name* Relationship to Claimant* </div> <div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 5px; text-align: center;"> Do Not Write In This Space (Clerk Stamp) </div>													

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

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.*			
_____ _____ _____ _____ 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*		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 <input type="checkbox"/> Unlimited Civil <input type="checkbox"/>	
11. Witnesses Name (if any)		Address	
1. _____		Telephone _____	
2. _____		_____	
12.		Do Not Write In This Space (Clerk Stamp)	
Signature of Claimant or Representative* _____		Date* _____	
Print Name* _____		Relationship to Claimant* _____	

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