

CLAIM AGAINST CITY OF FOSTER CITY

610 Foster City Blvd., Foster City, CA 94404

Please return to: Risk Manager

COMPLETE THE FOLLOWING, ADDING ADDITIONAL SHEETS AS NECESSARY

1. CLAIMANT'S NAME (Print): _____

2. CLAIMANTS ADDRESS: _____
(Street or P.O. Box Number – City – State – Zip Code)

3. AMOUNT OF CLAIM \$ _____ HOME PHONE: _____
(Attach copies of bills/estimates)

WORK PHONE: _____

IF AMOUNT CLAIMED IS MORE THAT \$10,000 INDICATE WHERE JURISDICTION RESTS:

Limited Civil Case _____

Unlimited Civil Case _____

4. ADDRESS TO WHICH NOTICES ARE TO BE SENT,
IF DIFFERENT FROM LINES 1 AND 2 (Print):

(Name)

(Street or P.O. Box Number)

(City – State – Zip Code)

5. DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

6. DESCRIBE THE INCIDENT OR ACCIDENT INCLUDING YOUR REASON FOR BELIEVING THAT THE CITY IS LIABLE FOR YOUR DAMAGES:

7. DESCRIBE ALL DAMAGES WHICH YOU BELIEVE YOU HAVE INCURRED AS RESULT OF THE INCIDENT:

8. NAMES(S) OF PUBLIC EMPLOYEE(S) CAUSING THE DAMAGES YOU ARE CLAIMING:

Signature of Claimant

Date

Any person who, with intent to defraud, presents any false or fraudulent claim may be punished by imprisonment or fine or both.

Note: You must file a claim in compliance with Government Code Section 911.2.