



CLAIM AGAINST THE CITY OF SAN JOSE, CA

(For Damages to Persons or Personal Property)

Office of the City Clerk Timestamp

Office of the City Clerk
200 East Santa Clara Street
Tower 14th Floor
San José, CA 95113

Received by: _____
Via: U.S. Mail _____
Interoffice Mail _____
Over the Counter _____

(Please do not write above this line – for City use only)

Generally, a claim against the City of San José for damages to persons or personal property must be filed with the City Clerk of the City of San José within six months after the incident occurred. See Government Code 911.2. Completed claims **must be mailed or delivered to: Office of the City Clerk, City of San José, 200 E. Santa Clara Street, Tower, 14th Floor, San José, CA 95113, telephone: (408) 535-1260.** Attach copies of any receipts or other documentation to the original claim form.

TO THE CITY CLERK of the City of San José, California:

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

NAME OF CLAIMANT		DATE OF BIRTH:	
ADDRESS OF CLAIMANT		CITY	STATE ZIP CODE
HOME PHONE ()	WORK PHONE ()	DRIVER'S LICENSE STATE AND NUMBER	

SEND NOTICES REGARDING THIS CLAIM TO: (List name, mailing address and phone number if not same as above.)

DATE OF INCIDENT OR OCCURRENCE CAUSING CLAIM	PLACE (Exact and specific location of incident.)
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CIRCUMSTANCES (Specify the occurrence, event, act, or omission which you claim caused the injury or damage for which you are submitting this claim. Where space is insufficient, attach an additional page with the claimant's name on the page.)

CITY'S ACTION (Specify action by City or its employees which caused alleged damage or injury.)

CITY EMPLOYEES' NAMES OR CITY DEPARTMENT INVOLVED IN ALLEGED ACCIDENT OR INCIDENT.

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DESCRIPTION OF LOSS (Describe injury, property damage or loss, so far as is known at this time. If there were no injuries, state "NO INJURIES.")

OTHER INJURED PERSONS (list names and addresses)

OWNER OF PROPERTY DAMAGED (if different from claimant)

AMOUNT CLAIMED:

Amount claimed as of this date: \$ _____

Estimated amount of future costs: \$ _____

Total amount claimed: \$ _____

Basis for computation of amounts claimed (include copies of bills, invoices, estimates, etc.):

WITNESSES, HOSPITALS, DOCTORS, ETC. (list names and addresses):

ADDITIONAL INFORMATION (List any additional information that might be helpful in considering your claim.):

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code Section 72)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this _____ day of _____, 20_____

Claimant's Signature