

CLAIM AGAINST THE TOWN OF COLMA

1198 El Camino Real, Colma, California 94014-3212



Please return to: City Clerk,

COMPLETE THE FOLLOWING, ADDING ADDITIONAL SHEETS AS NECESSARY.

1. CLAIMANT'S NAME (print): _____

2. CLAIMANT'S 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 THAN \$10,000 INDICATE WHERE JURISDICTION RESTS:
Municipal Court _____ Superior Court _____

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 A RESULT OF THE INCIDENT:

8. NAME(S) OF PUBLIC EMPLOYEES(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: Claims must be filed within 180 days of incident. See Government Code Section 900 et seq.