

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 (Daytime) _____ (Evening) _____		2. Send Official Notices and Correspondence to: _____ _____ City _____ Zip _____ Telephone (Daytime) _____ (Evening) _____	
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 _____	
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 _____ _____ 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 _____ Telephone _____ 1. _____ 2. _____			
12. Signature of Claimant or Representative _____ Date _____ Print Name _____ Relationship to Claimant _____		Do Not Write In This Space (Clerk Stamp)	

CRIMINAL PENALTY FOR PRESENTING A FALSE OR FRADULENT CLAIM IS IMPRISONMENT OR FINE OR BOTH. (PENAL CODE §72)