

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) <hr/> City Zip Telephone (Primary)* (Email)*		2. Send Official Correspondence to: (If different from Claimant) <hr/> 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.* <hr/> <hr/> Name and Department of city employee who allegedly caused injury or loss (if known) <hr/> Type of City Vehicle Vehicle License Number <hr/>															
9. Description of Claimant's injury, property damage or loss* <hr/> <hr/>		10. Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation.* <div style="text-align: center;">ITEMS</div> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"><hr/></td><td style="width: 5%; text-align: center;">\$</td><td style="width: 15%;"><hr/></td></tr> <tr><td><hr/></td><td style="text-align: center;">\$</td><td><hr/></td></tr> <tr><td><hr/></td><td style="text-align: center;">\$</td><td><hr/></td></tr> <tr><td><hr/></td><td style="text-align: center;">\$</td><td><hr/></td></tr> </table> TOTAL AMOUNT \$ <hr/> Court Jurisdiction: (Check one) Limited Civil <input type="checkbox"/> Unlimited Civil <input type="checkbox"/>		<hr/>	\$	<hr/>									
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<hr/>	\$	<hr/>													
<hr/>	\$	<hr/>													
11. Witnesses Name (if any) Address Telephone 1. <hr/> 2. <hr/>															
12. <hr/> Signature of Claimant or Representative* Date* <hr/> Print Name* Relationship to Claimant*		Do Not Write In This Space (Clerk Stamp)													

***REQUIRED INFORMATION**

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