



Claim Form

This form is provided pursuant to Government Code Section 910.4 and shall be used by any person presenting a claim to the City of Cupertino under Government Code Section 810 et seq., except as provided in Government Code Sections 905 and 905.1. If additional space is needed for any of the required information, please attach additional sheets.

Section 1: Claimant Information

Name of Claimant (_____) _____
Telephone Number

Address City State Zip Code

Email Address

Section 2: Notices

The person presenting this claim desires that notices be sent to the following address:

Address City State Zip Code

Section 3: Claim Information

Date of the occurrence or transaction that gave rise to the claim: _____
Month Day Year

Location of the occurrence or transaction that gave rise to the claim. If applicable, include street address, city or county, highway number, mile post number and direction of travel.

Explain the circumstances of the occurrence or transaction that gave rise to the claim. State all facts that support your claim including the reason you believe the City of Cupertino is liable for the alleged damage or injury:

Section 5: Representative Information (to be completed if the claim is filed by an attorney or representative)

Name of Attorney/Representative (_____) _____
Telephone Number

Address City State Zip Code

Is the claim filed on behalf of a minor? ___ Yes ___ No If yes, please indicate:

Relationship to the minor _____ Minor's date of birth _____

Section 6: Advisory

Section 72 of the Penal Code provides that "every person who, with intent to defraud, presents for allowance or for payment to any State Board or Officer, or to any county, town, city, district, ward, or village, board or officer authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is guilty of a felony.

Section 7: Signature

Signature of Claimant or Claimant's Attorney/Representative Date

Section 8: Submission of Claim Form

Completed Claim Forms must be submitted by personal delivery or by U.S. mail, postage paid, to the following address:

City Clerk
City of Cupertino
10300 Torre Avenue
Cupertino, CA 95014

For additional information, the City of Cupertino may be contacted by telephone at (408) 777-3200.

Note: To assist us in processing your claim, please answer the following questions:

Did you notify the City of Cupertino regarding this incident prior to filing this claim?
___ Yes ___ No

If Yes:

(a) *Approximately what date?* _____

(b) *What department did you contact?* _____

(c) *To whom did you speak?* _____