



# 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 and time of the occurrence or transaction that gave rise to the claim: \_\_\_\_\_  
Month Day Year  
Time a.m. / p.m.

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:

\_\_\_\_\_



Name of registered owner(s) of the vehicle: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

**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.

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*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?* \_\_\_\_\_