

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 Inform	nation				
		()			
Name of Claimant		Telephone N	Telephone Number		
Address	City	State	Zip Coo	le	
Email Address					
Section 2: Notices					
The person presenting this claim	m desires that notices be sent to the	e following address	:		
	~	~			
Address	City	State	State Zip Code		
Section 3: Claim Information	on				
Date and time of the occurrence	e or transaction that gave rise to the	e claim:			
	C	Month	Day	Year	
		Time	a.m. / p.n	<u>n.</u>	
	ransaction that gave rise to the clai r, mile post number and direction o		clude street a	address,	

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:

Describe all indebtedness, damages, injuries or loss that you believe you have incurred as a result of the occurrence or transaction:

Provide the name(s) of the City of Cupertino employee(s) causing the injury, damage or loss, if known.

Provide the amount claimed, if said amount totals less than ten thousand dollars (\$10,000.00), as of the date of presentation of the claim (including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim), together with the basis of computation of the amount claimed.

Amount Claimed: \$_____

Basis for computation:

If the amount claimed exceeds ten thousand dollars (\$10,000), do not provide the dollar amount of the claim. However, please indicate below whether the claim would be a limited civil case (\$25,000 or less) or an unlimited civil case (over \$25,000).

Limited Civil Case Unlimited Civil Case

Section 4: Insurance Information (to be completed if claim involves a motor vehicle)

Has a claim for the alleged damage/injury been filed or will it be filed with your insurance carrier? ____ Yes ____ No

Name of insurance carrier	Telephone Number			
Address	City	State	Zip Code	
Policy Number:	Deductible: \$			

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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 N	lumber			
Address	City	State	Zip Code			
Is the claim filed on behalf of a minor?	YesNo	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 Attor	ney/Representative	e Date	2			
Section 8: Submission of Claim Form	L					
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:						
<i>Did you notify the City of Cupertino regarding this incident prior to filing this claim?</i> <u></u> <i>Yes No</i>						
If Yes:						
) 					
 (a) Approximately what date? (b) What department did you contact? (c) To whom did you speak?						
(c) 10 whom all you speak?			· · · · · · · · · · · · · · · · · · ·			