



**CITY OF EAST PALO ALTO
OFFICE OF THE CITY MANAGER**

Dear Claimant:

In order to submit a claim for damages to the City of East Palo Alto, the enclosed claim form must be completed. It is important that you include all the following information:

1. Your name, address, and telephone numbers
2. Address to which you want correspondences and notices sent
3. Date, time, and location of incident
4. Description of the circumstances of the accident or injury and indication of why you feel the City of East Palo Alto is responsible
5. List City employee(s) causing accident
6. Provide an itemization and total of damages, and include repair estimates, if available
7. State the amount you are claiming
8. If you have been served with a lawsuit for which you believe the City is responsible, enter the date you were served. Explain why you think the City is responsible for the lawsuit

Please also provide us the names, addresses and telephone numbers of any witnesses and any other information available to support your claim (police reports, etc.)

Once you have completed the above, mail the claim and any supporting materials to the:

**City of East Palo Alto
2415 University Avenue
East Palo Alto, CA 94303
Attn: Office of the City Clerk**

Very truly yours,

City Clerk

IN ORDER THAT YOUR CLAIM BE TIMELY, IT MUST BE FILED WITH THE CITY CLERK NOT LATER THAN SIX MONTHS AFTER THE ACCRUAL OF CAUSE OF ACTION

Attached: Claim Form



CLAIM AGAINST THE CITY OF EAST PALO ALTO

Please return to: City of East Palo Alto-2415 University Avenue-East Palo Alto-94303

Attn: Office of the City Manager/City Clerk

COMPLETE THE FOLLOWING, ADDING ADDITIONAL SHEETS AS NECESSARY:

1. CLAIMANT'S NAME *(Print)*: _____
2. CLAIMANT'S ADDRESS *(Print)*: _____

3. AMOUNT OF CLAIM: \$ _____ HOME PHONE: _____
(attach copies of bills/estimates)
4. ADDRESS TO WHICH NOTICES ARE TO BE SENT, IF DIFFERENT FROM LINES 1 AND 2 *(Print)*: _____
Name

Street

City, State, Zip Code

5. (a). DATE OF INCIDENT: _____ TIME OF INCIDENT: _____
(b). LOCATION OF INCIDENT: _____
6. DESCRIBE THE INCIDENT OR ACCIDENT INCLUDING YOUR REASON FOR BELIEVING THAT THE CITY IS LIABLE FOR YOUR DAMAGES:

7. DESCRIBE ALL DAMAGES WHICH YOU BELIEVE YOU HAVE INCURRED AS RESULT OF THE INCIDENT:

8. NAMES(S) OF PUBLIC EMPLOYEE(S) CAUSING THE DAMAGES YOU ARE CLAIMING:

Signature of Claimant

Date

NOTE: Any person who, with intent to defraud, presents any false or fraudulent claim may be punished by imprisonment or fine or both.

Claims must be filed within 180 days of incident. See Government Code, Section 900 et seq.