

CLAIM AGAINST THE CITY OF SOUTH SAN FRANCISCO

Date Received: _____

**** PLEASE READ INSTRUCTIONS ON OTHER SIDE FIRST ****

Name of Claimant _____
(First Name) (Middle Name) (Last Name)
Home Address _____
(Street Address) (City) (State) (Zip Code)
Phone Number _____
(Daytime) (Evening)
Date of Birth _____ CA Drivers License No. _____

Type of Loss: Personal Injury Property Damage Other _____
 Indemnity - Date complaint served _____ Police Report # _____

When did injury or damage occur? _____ AM/PM
(Month/Day/Year) (Day of Week) (Time)

Where did injury or damage occur? (Street address, intersecting streets, or other location) _____

How did injury or damage occur? (Describe accident or occurrence) _____

Name of any witnesses _____
(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

Name of City employee(s)/department involved? _____

Total Amount Claimed For Personal Injury \$ _____ **Property Damage** \$ _____

Total Amount Claimed \$ _____

NOTE: Please attach copies of supporting documentation for the amounts claimed.

If claim relates to an automobile accident, please answer the following and ATTACH PROOF OF INSURANCE:

Please check here if there was no insurance coverage in effect at the time of incident

Insurance policy # _____ Insurance Company _____

Insurance Broker/Agent _____

Address _____ Phone () _____

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name (Mr./Mrs./Ms.) _____ Daytime Phone () _____

Address (Street, City, State, Zip) _____

WARNING: California State Law generally requires that most claims against a public entity, such as the City of South San Francisco, be presented within SIX (6) MONTHS from the date of the action or incident giving rise to the claim. Certain other claims must be filed within ONE (1) YEAR from the action or incident. You should check the Government Code to determine what presentation period applies in your case.

Signature

Relationship (self, attorney, guardian, etc.)

Date

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INSTRUCTIONS PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

On the reverse side of the sheet is a claim form: Claim against the City of South San Francisco. The original and one copy of all attachments, are to be filed with the Finance Department. Retain one copy for your records. Please send to this address:

Finance Department - Claims
P.O. Box 711
South San Francisco, CA 94083

NOTICE: The Finance Department is the **ONLY** office to which claims may be submitted. Claims are **NOT** to be sent to the City Attorney, Risk Management, or any other City Department.

Please fill out claim form completely. Missing information may delay the processing of your claim. Please Print.

PROCEDURES

Claims received by the Finance Department are forwarded to the City Attorney and processed by the Risk Manager Jason Wong. All questions regarding your claim should be directed to Amanda Parker at (650) 877-8510.

If recommended for denial by the Risk Manager, your claim will then be submitted for final, official rejection. You will be sent a letter notifying you of the action taken and of any further action necessary or available to you.

*** ALL CLAIMS ARE PUBLIC RECORD ***