

CLAIM AGAINST THE CITY OF MILPITAS

Complete the following information, attaching additional sheets and receipts, as necessary. Return the signed original form to:	City of Milpitas Attn: City Clerk 455 E. Calaveras Blvd. Milpitas, CA 95035	<i>For office use only</i>
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Claimant's Name: <i>(please print)</i>		
Claimant's Address:		
Home Phone #:		Work Phone #:
Mobile Phone #:		Amount of Claim: \$

Address to which notices are to be sent, if different than above *(please print):*

Mailing Address:

Date of Incident:	Time of Incident:	Location of Incident:
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Description of the incident or accident, including your reason for believing that the City is liable for your damages: <i>(If you need more space, you may include additional sheet with this form)</i>

Description of all damages which you believe you have incurred as a result of the incident: <i>(If you need more space, you may include additional sheets with this form)</i>

Name(s) of any City employee(s) causing the damage(s) you are claiming:
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Dollar amount of all damages you are claiming <i>(please attach all bills and/or estimates that are available):</i>
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If this is a claim for indemnity, on what date were you served with the underlying lawsuit?
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SIGNATURE OF CLAIMANT:	Date:
X. _____	

NOTE: Claims must be filed not later than six months after the incident, per California Government Code §911.2. Every person who, with intent to defraud, presents any false or fraudulent claim may be punished by imprisonment or fine or both.