

PLEASE SUBMIT THE COMPLETED CLAIM FORM
WITH SUPPORTING DOCUMENTS TO THE:
OFFICE OF THE CITY CLERK, 333 – 90TH Street, Daly City, CA 94015
(650) 991-8078

INSTRUCTIONS FOR FILING A CLAIM

Failure to complete all sections of this form could delay the processing of your claim
and could result in the return or denial of your claim.

- 1. Claimant's Name, Address, and Telephone Number(s):** State the full name, home address, and telephone numbers of the person claiming personal injury, property damage, or loss.
- 2. Send All Correspondence To:** State the full name, mailing address, and telephone number of the person to whom all official notices and other correspondence should be sent, if other than the Claimant in # 1.
- 3. Date of Incident:** State the exact month, date, year, and time (including AM or PM), of the incident giving rise to the claim.
- 4. Date of Birth:** State the Claimant's date of birth, including month, day, and year.
- 5. Location of Incident:** Include the exact address or intersection streets, and city where the incident occurred.
- 6. Basis of Claim:** State in as much detail as possible, all the facts supporting your claim, including all facts and circumstances of the incident, all alleged injuries, property damage and loss, all persons, entities, property and City departments involved, and why you believe the City is responsible for the alleged injury, property damage, or loss.
- 7. Description of Claimant's injury, property damage, or loss:** Provide in full detail a description of the injury, property damage, or loss related to the incident. If vehicles were involved, provide the make, model, and year of each vehicle, if known.
- 8. List the name(s) of any Daly City employee(s) causing the injury, property damage, or loss, if known:** Include the first, last name, and other identifying information.
- 9. List the names of any additional witnesses with his/her phone number:** State the names and telephone numbers of any persons who witnessed the incident.
- 10. Amount of Claimant's property damage or loss:** State the total amount of money you are claiming in damages. Provide a breakdown of each item of damages and how that amount was computed. You may include future, anticipated expenses or losses. Whenever possible, please attach copies of all bills, receipts and repair estimates.
If the claim is for less than \$10,000, you must state the total amount claimed, together with the basis of your computation. If the claim is for \$10,000 or more, you do not need to provide the specific dollar amount of your claim. However, you must indicate the appropriate court jurisdiction. If your claim is for less than \$25,000, mark "Limited Civil." If your claim is for \$25,000 or more, mark "Unlimited Civil."
- 11. Signature of Claimant or Representative:** Please sign and date the form. Print the name of the signatory and his/her relationship to the Claimant. If you have completed this form for yourself and you are the Claimant, write "Self."

Generally, a claim relating to death or injury to a person or to personal property should be filed within **six (6) months** from the date of occurrence. For exceptions to this rule, please see California Government Code § 911.2.

Please attach additional sheets of paper as necessary to complete your claim submission.

WARNING: *IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM. CRIMINAL PENALTY FOR PRESENTING A FALSE OR FRAUDULENT CLAIM IS IMPRISONMENT OR FINE OR BOTH. (CALIFORNIA PENAL CODE § 72.)*

CLAIM AGAINST THE CITY OF DALY CITY

Before completing this form, please read the instructions.

1 Claimant's Name:		For official date stamp only
Street Address:		
City:	St: Zip:	
Phone:	Alt. Phone:	
2 Send All Correspondence To: Check if same as #1 <input type="checkbox"/>		
Attn:		
Street Address:		
City:	St: Zip:	
Phone:		
3 Date and Time of Incident:	4 Date of Birth (optional):	
5 Location of Incident:		
6 Basis of Claim:		
7 Description of Claimant's injury, property damage, or loss:		
8 List the name(s) of any Daly City employee(s) causing the injury, property damage, or loss if known:		
9 List the names of any additional witnesses including phone number:		
10 Amount of Claimant's property damage or loss: \$ _____ If the amount is for \$10,000 or more: Court Jurisdiction: Limited Civil (Less than \$25,000) <input type="checkbox"/> Unlimited Civil (\$25,000 or more) <input type="checkbox"/>		
11 Signature of Claimant or Representative: _____		
Name: _____		Date: _____
Relationship to Claimant:		