



CITY OF HALF MOON BAY

501 Main Street
Half Moon Bay, CA 94019
(650) 750-2034

Liability Claim Form

COMPLETE THE FOLLOWING, ADDING ADDITIONAL SHEETS AS NECESSARY.

1. CLAIMANT'S NAME (Print): _____
2. CLAIMANT'S ADDRESS: _____
(Street or P.O. Box Number - City - State - Zip Code)
HOME PHONE: _____ WORK PHONE: _____
3. AMOUNT OF CLAIM \$ _____ (Attach Copies of bills/estimates)

IF AMOUNT CLAIMED IS MORE THAT \$10,000 INDICATE WHERE JURISDICTION RESTS:
Limited Civil Case _____
Unlimited Civil Case _____

4. ADDRESS TO WHICH NOTICES ARE TO BE SENT, IF DIFFERENT FROM LINES 1 AND 2 (PRINT): _____

(Name)

(Street or P.O. Box Number)

(City - State - Zip Code)

5. DATE OF INCIDENT: _____ TIME OF INCIDENT: _____
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

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

Note: You must file a claim in compliance with Government Code Section 911.2.