

City Clerk  
City of Redwood City  
1017 Middlefield Road  
Redwood City, CA 94063  
Telephone: 650-780-7220  
Fax: 650-261-9102



The general provisions for the filing of claims against public entities are contained in Part 3 (commencing at Section 900) of Division 3.6 of the Government Code. Certain claims are not governed by these general provisions, including tax and assessment matters, liens, employee compensations, workers' compensation, unemployment compensation, welfare, securities, and others.

The form and contents of a claim are specified by Section 910, et seq. A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented not later than six months after accrual of the cause of action; other claims shall be presented within one year. (Section 911.2)

Claims are to be presented by delivery or mailing to the City Clerk, City Hall, Redwood City. (Section 915)

It is suggested that the claimant refer to the claims law and be fully advised with respect to the exceptions and further provisions contained therein.

### **IMPORTANT LEGAL NOTICE**

**For your protection, read carefully, obtain a reliable translation, and/or consult your attorney.**

### **NOTICIA LEGAL IMPORTANTE**

**Para su proteccion lea usted con cuidado debe de obtener una translacion que sea puntual y de confianza o consulte con su abogado.**

CLAIM FORM  
(Please print or type)



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**CLAIM AGAINST (Name of Entity):** \_\_\_\_\_

**Claimant's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Claimant's Address:** \_\_\_\_\_

**Telephone Numbers: (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**Address where notices about claim are to be sent, if different from above:** \_\_\_\_\_

**Date of incident/accident:** \_\_\_\_\_

**Date injuries, damages, or losses were discovered:** \_\_\_\_\_

**Location of incident or accident:** \_\_\_\_\_

**What did entity or employee do to cause this injury, damage, or loss:** \_\_\_\_\_

(Use back of this form or a separate sheet if necessary to answer this question in detail.)

**What are the names of the entity's employees who caused this injury, damage, or loss (if known):**

**What specific injuries, damages, or losses did claimant receive?** \_\_\_\_\_

(Use back of this form or a separate sheet if necessary to answer this question in detail.)

**What amount of money is claimant seeking, or if amount is in excess of \$10,000, which is the appropriate Court of Jurisdiction. Note: If Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" (see Government Code 910[f]).**

**How was this amount calculated (please itemize):** \_\_\_\_\_

(Use back of this form or a separate sheet if necessary to answer this question in detail.)

**Date Signed:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**If signed by a representative:**  
**Representative's Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship to Claimant:** \_\_\_\_\_