

CLAIMS AGAINST SARATOGA

Note: Claims must be filed within 180 days of incident. See Government Code Section 900 et.seq.

Please return this form to: Risk Manager – 13777 Fruitvale Avenue – Saratoga, CA 95070

Complete the following, adding additional sheets as necessary:

CLAIMANT'S NAME (Print): _____

CLAIMANT'S ADDRESS: _____

DRIVER'S LICENSE #: _____

CELL PHONE #: _____

E-MAIL ADDRESS: _____

HOME PHONE #: _____

WORK PHONE #: _____

AMOUNT OF CLAIM: \$ _____ (Attach copies of bills / estimates).

IF AMOUNT IS MORE THAN \$10,000, INDICATE WHERE JURISDICTION RESTS:

Superior Court – Limited Jurisdiction: _____

Superior Court – Unlimited Jurisdiction: _____

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

DESCRIBE THE INCIDENT, INCLUDING YOUR REASON FOR BELIEVING THAT THE CITY IS LIABLE FOR YOUR DAMAGES: _____

DESCRIBE ALL DAMAGES WHICH YOU BELIEVE YOU HAVE INCURRED AS A RESULT OF THE INCIDENT: _____

NAMES OF WITNESSES: _____

SIGNATURE OF CLAIMANT

DATE

ADDRESS TO WHICH NOTICES ARE TO BE SENT (IF DIFFERENT FROM ABOVE):

