



### CLAIM AGAINST THE CITY OF SAN BRUNO

Please complete the following form, adding additional sheets as necessary and return by

**Mail or Personal Delivery to:**

City Clerk  
567 El Camino Real  
San Bruno, CA 94066

1. CLAIMANT'S NAME (Print): \_\_\_\_\_

2. CLAIMANT'S ADDRESS: \_\_\_\_\_  
(Street or P.O. Box Number - City - State - Zip Code)

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

3. ADDRESS TO WHICH NOTICES ARE TO BE SENT, IF DIFFERENT FROM ITEMS 1 & 2

\_\_\_\_\_  
(Street or P.O. Box Number - City - State - Zip Code)

4. 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 \_\_\_\_\_

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 A RESULT OF THE INCIDENT: \_\_\_\_\_

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8. NAMES(S) OF PUBLIC EMPLOYEE(S) CAUSING THE DAMAGES YOU ARE CLAIMING: \_\_\_\_\_

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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**. "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 as provided in Article 2 (commencing with Section 915) of this chapter not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than one year after the accrual of the cause of action." See Government Code §910, et seq.