



**Town of Atherton
Claim Form**
Return to City Clerk
Town of Atherton, 150 Watkins Avenue
650.752.0500

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)
- 3. AMOUNT OF CLAIM \$ _____ HOME PHONE: _____
(Attach Copies of bills/estimates) WORK PHONE: _____

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.