Our Claim #:_____ .

CLAIM AGAINST THE CITY OF SUNNYVALE

City Of Sunnyvale
City Clerk
P.O. Box 3707
Sunnyvale, CA 94088-3707
(408) 730-3005

RESERVED FOR CITY STAMP

WITH CERTAIN EXCEPTIONS, CLAIMS FOR PERSONAL INJURY OR PROPERTY DAMAGE MUST BE FILED WITHIN SIX MONTHS OF THE INCIDENT GIVING RISE TO THE CLAIM.

Claimant must complete each section; if information is unknown write "unknown." Use the back of this form, or a separate sheet of paper if necessary **(Please Print)**

Name:_____ Daytime telephone #:_____

Address:_____

City:_____ State:_____ Zip:_____

State the exact date of the incident that you believe caused the damage or injury:_____ ☐ A.M. or ☐ P.M.

Police report #:_____ Has your Insurance company been notified? ☐ Yes ☐ No

Company_____ Policy #:_____ Phone #:_____

Location the incident occurred:_____

Cause of loss, injury or damage:_____

_____

_____

In detail, describe damage or injury:_____

_____

_____

Name of witness or City employee (s) involved:_____

Name and address of person to whom all correspondence should be sent (**if different from above**):

_____

_____

_____

Amount of claim and basis for computation $_____ Government Code requires that if the claim is for less than $10,000, the amount of the claim shall be entered. If the Claim is for more than $10,000, no dollar amount need be entered, but the claim must indicate whether the claim would be a ☐ limited or ☐ unlimited civil case.

*Attach copies of itemized receipts, estimates, photos or other documentation of your claim

I **certify that the forgoing is true and correct. Submitted by**:

Signature:_____ Date:_____

*After your claim is received, all information will be provided to the City's third-party claim adjuster for processing.

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