



**Town of Atherton
Claim Form**

Return to City Clerk
Town of Atherton
80 Fair Oaks Lane, Atherton, CA 94027
PH: 650-752-0500

Complete the following, adding additional sheets as necessary.

1. CLAIMANTS NAME (print): _____
2. CLAIMANTS 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 claim is more than \$10,000 indicate where jurisdiction rests:

Limited Civil Case: _____
Unlimited Civil Case: _____

4. ADDRESS TO WHICH NOTICES ARE SENT, IF DIFFERENT FROM LINES 1 AND 2:

(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 YOUT DAMAGES:
7. DESCRIBE ALL DAMAGES WHICH YOU BELIEVE YOU HAVE INCURRED AS A RESULT OF THE INCIDENT:
8. NAME (S) OF PUBLIC EMPLOYEE(S) CAUSING THE DAMAGES YOU ARE CLAIMING
1) _____ 2) _____ 3) _____

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.

The general provisions for the filing of claims against public entities is 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)