



CLAIM FORM

34009 Alvarado-Niles Rd • Union City • CA • 94597

Per Gov. Code 911.2: Statute of Limitations - California State Law Government Claims, you must file your administrative claim within 6 months of the date of accrual of the cause of action.

CLAIM AGAINST: City of Union City
34009 Alvarado-Niles Road
Union City, CA 94587
Attn: City Clerk's Office

(Please Type or Print Clearly)

Claimant's Name

\_\_\_\_\_

Claimant's Address

Street City/State Zip

Home/Cell Phone # Work Phone #

Claimant's Date of Birth

Address where Notices about Claim are to be sent, if different from above

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Date of Incident/Accident/Arrest:

\_\_\_\_\_

Date Injuries, Damages or Losses were Discovered:

Location of Incident/Accident/Arrest:

\_\_\_\_\_

What did Entity or Employee do to cause this loss, damage or injury?

\_\_\_\_\_

(Use a separate sheet if necessary to answer this question in detail.)

What are the Names of the entity's Employee(s) who caused this injury, damage or loss (if known)?

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What specific injuries, damages or losses did Claimant receive (attach supporting documentation if available)?

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(Use a separate sheet if necessary to answer this question in detail)

What amount of money is Claimant seeking, or which is the appropriate Court of Jurisdiction – Government Code 910(f)?

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How was this amount calculated (please itemize and attach supporting documentation if available)?

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(Use a separate sheet if necessary to answer this question in detail.)

Date Signed

Signature

If signed by Representative:

Representative's Name \_\_\_\_\_

Address

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Telephone # \_\_\_\_\_

Relationship to Claimant \_\_\_\_\_