



**CLAIM FORM**

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

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_