

CLAIM AGAINST THE CITY OF OAKLAND

Please return the completed form to the Office of the City Attorney, One Frank H. Ogawa Plaza, 6th Floor, Oakland, CA 94612. Additional sheets may be attached as necessary. Enclose a **postage paid envelope** if you require a filing receipt.

1) CLAIMANT'S NAME: _____

2) ADDRESS: _____ City: _____ State: _____ Zip: _____

HOME #: _____ DRIVER'S LICENSE: _____

WORK #: _____ SOCIAL SECURITY#: _____

DATE OF BIRTH: _____

AUTO INSURANCE NAME AND POLICY # _____
(if applicable)

3) IF AMOUNT CLAIMED IS LESS THAN \$10,000, AMOUNT OF CLAIM: \$ _____
(Attach copies of expenses substantiating the basis of computation for the amount being claimed)

IF AMOUNT CLAIMED EXCEEDS \$10,000, WOULD THE CLAIM BE A LIMITED CIVIL CASE (Less than \$25,000)?
Yes _____ No _____ Unsure _____

4) ADDRESS TO WHICH NOTICES ARE TO BE SENT, IF DIFFERENT FROM LINES 1 & 2:

NAME: _____

ADDRESS: _____ City: _____ State: _____ Zip: _____

PHONE# _____

5) DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

SPECIFIC LOCATION OF INCIDENT* (Address): _____

6) DESCRIBE THE INCIDENT INCLUDING YOUR REASON FOR BELIEVING THE CITY IS LIABLE FOR YOUR 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: _____

Signature of Claimant or Representative

Date

*Complete the diagram on the next page showing the location of the incident

Any person who, with the intent to defraud, presents any false or fraudulent claim may be punished by imprisonment or fine or both. **Claims must be filed within 6 months of the incident.** See Government Code §§ 900 et seq.*

(Revised 3/11/99)

All Purpose Diagram -
Use Appropriate Section

