

CLAIM AGAINST THE CITY OF NEWARK

Please return to:

City Clerk
City of Newark
37101 Newark Blvd., 2nd Floor
Newark, CA 94560

COMPLETE THE FOLLOWING, ADDING ADDITIONAL SHEETS AS NECESSARY:

1. CLAIMANT'S NAME (Print): _____

2. CLAIMANT'S 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 CLAIMED IS MORE THAN \$10,000, INDICATE WHERE JURISDICTION RESTS:
Limited Civil Case (less than \$25,000) _____ Unlimited Civil Case (over \$25,000) _____

4. ADDRESS TO WHICH NOTICES ARE TO BE SENT, IF DIFFERENT FROM LINES 1 AND 2 (Print)

(Name)

(Street or P.O. Box Number – City – State – Zip)

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 YOUR DAMAGES:

7. DESCRIBE ALL DAMAGES WHICH YOU BELIEVE YOU HAVE INCURRED AS RESULT OF THE INCIDENT:

8. NAME(S) OF PUBLIC EMPLOYEE(S) CAUSING THE DAMAGES YOU ARE CLAIMING:

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: Claims must be filed in compliance with Government Code Section 911.2.
(f:shared/cityman/forms/originalclaim.doc)