

CITY OF MILLBRAE CLAIM FORM
(THIS IS A PUBLIC RECORD SUBJECT TO PUBLIC INSPECTION AND DISCLOSURE.)

Please provide the following information by printing clearly. Attach separate sheets, if necessary.

1. Claimant's Name and Post Office Address (Street Address or P.O. Box):	2. Send Official Notices and Correspondence to the following Person and Post Office Address (Street Address or P.O. Box):
Name:	Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone:	Phone:

3. Claimant's Date of Birth:	4. Date and Time of Incident, Occurrence or Transaction:	5. Location of Incident, Occurrence or Transaction:

6. Basis of Claim: <i>State in detail all facts and circumstances of the incident, occurrence, or transaction. Identify all persons, entities, property and City of Millbrae employees involved. State why you believe the City is responsible for the alleged indebtedness, obligation, injury, damage or loss.</i>
Name, Address, and Telephone Nos. of Witnesses:
Name and I.D. Number of City Employee, if known, who caused injury, damage or loss:
Type of City Vehicle and License Plate No., if applicable:
Type of Vehicle and License Plate Number of Claimants' Vehicle, if applicable:

7. Description of Claimant's injury, damage or loss as of the date of this claim:

8: Amount of Claimant's injury, damage or loss and method of computation. Attach any supporting documents.
Total Amount \$ _____ (if less than \$10,000)
If more than \$10,000, please indicate whether the claim would be a: Limited civil case ____ Unlimited civil case ____

I understand that if my claim is successful, any monies paid to me may be offset by any monies I owe the City of Millbrae. I also understand that there may be civil or criminal penalties for presenting a fraudulent claim or making a false statement, and those penalties may include imprisonment or a fine, or both.

9. _____ Signature of Claimant or Representative	10. _____ Date
---	---------------------------------

Instructions for filing a claim:

To file a claim against the City of Millbrae, you must fill out this claim form as required under California Government Code sections 905 and 915. Claims for death or injury to persons or personal property or growing crops must be filed within six months of the incident, transaction, or occurrence. Any other claim must be filed within one year. The original completed claim form must be presented to:

By mail:

City of Millbrae
Attn: City Clerk
621 Magnolia Avenue
Millbrae, CA 94030

By personal delivery:

City of Millbrae
Attn: City Clerk
621 Magnolia Avenue
Millbrae, CA 94030

Item by item instructions:

1. Claimant's Name and Post Office Address: Enter the full name address (street address or P.O. Box) of the person(s) claiming injury, damage, or loss. Enter the street, city, state, zip code, and phone (with area code)
 2. Send Official Notices and Correspondence to the following Person and Post Office Address: Enter the name, mailing address (including zip code), and phone (with area code) of the person to whom all official notices and other correspondence should be sent if other than the claimant.
 3. Date of Birth: Enter the Claimant's date of birth including month, day and year.
 4. Date and Time of Incident: Enter the day, month, year, and the time of the incident, occurrence, or transaction which caused the alleged injury, damage or loss.
 5. Location of Incident, Occurrence or Transaction: Enter the street address, intersection, or other location where the injury, damage or loss allegedly occurred.
 6. Basis of Claim: Provide a detailed description of the facts and circumstances concerning the incident, transaction, or occurrence. Provide all facts that support your claim. Provide the name, address, and telephone nos. of any witnesses and the name and ID number of any City employee(s) who allegedly caused the damage, injury, or loss. If motor vehicles were involved, provide the type of City vehicle and the license plate no., and Claimant's type of vehicle and license plate no., if applicable.
 7. Description of injury, damage or loss: Enter a detailed description as of the date of this claim of the injury, damage or loss that allegedly resulted from the incident, transaction, or occurrence.
 8. Value of Loss and Method of Computation: Enter the total dollar amount that you are claiming as a result of the alleged injury, damage, or loss. Enter a breakdown of how you calculated the total amount. You may declare expenses incurred and/or future anticipated expenses. If available, attach to the claim copies of all bills and payment receipts, including unaltered copies of medical bills from treating physicians. If vehicular damage or other property damage, provide two repair estimates, photographs, as well as the make, model, and year of the vehicle. If you claim you have incurred a wage loss, please provide appropriate supporting documentation.
- The Government Code requires that if the claim is for less than \$10,000, the amount of the claim shall be entered. If the claim is for more than \$10,000, no dollar amount need be entered, but the claim must indicate whether the claim would be a limited civil case (under \$25,000) or an unlimited civil case (\$25,000 and over).
9. Signature of Claimant or Representative and Date: The claim must be signed and dated by the claimant or by some person on behalf of the claimant.

Claim Procedures:

To receive a date stamped copy of your claim, please provide a copy of the original claim and a self-addressed stamped envelope. Be sure to closely follow the instructions for filing a claim.

1. It is our practice, when possible, to process your claim within 45 days. Again, be sure to follow the instructions for filing a claim and include all requested information, including the names and addresses of all witnesses. Attach a list of additional names if necessary.
2. Any request for further information by the City of Millbrae is not a commitment to pay your claim or an admission of liability.

Your cooperation in promptly returning the completed Claim Form to the City of Millbrae will begin the processing of your claim.