

WARNING: While claims against Capitola may be submitted on this form, claimants having any questions regarding their legal rights or duties, or pertaining to the manner or time of submitting such claims, should consult their attorney.

CLAIM AGAINST THE CITY OF CAPITOLA FOR DAMAGES

(Attach a separate sheet if there is insufficient space)

Pursuant to Section 910 of the State of California Government Code, the following claim for damages is respectfully submitted:

1. Name, address and telephone number of claimant:

_____ Telephone _____

2. Name and address of person to whom responses to this claim should be sent (if different than claimant).

3. The date, place, and circumstances of the occurrence which gave rise to the claim:

Date _____ Time _____ Place _____

4. A description of the injury, damage, obligation or loss incurred, as far as known to the claimant:

5. The name or names of the City employee(s) or agent(s) causing the injury, damage or loss, as far as known to the claimant:

6. The amount claimed insofar as it may be known at presentation of claim:

Dated: _____

Signature of Claimant or Claimant's Attorney

NOTE: Claim must be signed by claimant or by some person on his behalf (Government Code Section 910.2).