

CLAIM AGAINST THE CITY AND COUNTY OF SAN FRANCISCO

Before completing this form please read the instructions on the back. Untimely claims will be returned. Please submit this form and supporting documentation to the **Controller's Office, Claims Division, 1390 Market Street, 7th Floor, San Francisco, CA 94102** in person or by mail.

* = REQUIRED ** = REQUIRED IF KNOWN

1. Claimant's Name and Home Address (Please Print Clearly) * _____ _____ City _____ State _____ Zip _____ Telephone _____ <small>Daytime Evening Cellular</small>	2. Send Official Notices and Correspondence to: * _____ _____ City _____ State _____ Zip _____ Telephone _____ <small>Daytime Evening Cellular</small>		
3. Date of Birth *	4. Social Security Number *	5. Date of Incident *	6. Time of Incident (AM or PM) **
7. Location of Incident or Accident **		8. Claimant Vehicle License Plate #, Type, Mileage, and Year **	

9. Basis of Claim. State in detail all facts and circumstances of the incident. Identify all persons, entities, property and City departments involved. State why you believe the City is responsible for the alleged injury, property damage or loss.

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Name, I.D. Number and City Department of City Employee who allegedly caused injury or loss **	Type of City Vehicle **	Vehicle License Number and Bus or Train Number **
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10. Description of Claimant's injury, property damage or loss

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11. Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation. (See Instructions)

ITEMS

*	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
TOTAL AMOUNT	\$	_____

Court Jurisdiction: Limited (up to \$25,000)

Unlimited (over \$25,000)

12. Witnesses (if any) Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____

13.

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Signature of Claimant or Representative	Date
Print Name	Relationship to Claimant

Do Not Write In This Space

CA/Form 02/14

CRIMINAL PENALTY FOR PRESENTING A FALSE OR FRAUDULENT CLAIM IS IMPRISONMENT OR FINE OR BOTH. (PENAL CODE §72)