

SUBMIT TO CITY CLERK  
City Hall  
2263 Santa Clara Ave., Suite 380  
Alameda, CA 94501

**CLAIM AGAINST THE CITY OF ALAMEDA**

1. Claimant's Name: \_\_\_\_\_

Claimant's Address: \_\_\_\_\_  
\_\_\_\_\_

Claimant's email Address: \_\_\_\_\_

Claimant's Daytime Phone No: \_\_\_\_\_ Cell. No: \_\_\_\_\_

Gender: M / F Date of Birth: \_\_\_\_\_ \*SSN: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State/Exp. Date: \_\_\_\_\_

2. When did the damage or injury occur (date and time)? \_\_\_\_\_  
\_\_\_\_\_

3. Place of occurrence: \_\_\_\_\_

4. What happened and why is the City responsible? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of City's employee(s) causing injury or damage, if known: \_\_\_\_\_  
\_\_\_\_\_

5. Description of damage or loss: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. \*\*Total amount claimed: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**\* Under Senate Bill 2499, the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) , mandatory reporting requirements for all claimants require a Social Security Number be provided, under penalty of law.**

**\*\*If total amount claimed is less than \$10,000.00, enter amount claimed and the basis for computation of that amount. If it is more than \$10,000.00, indicate whether the municipal or superior court would have jurisdiction. Government Code Section 910(f).**

## PRESENTING A CLAIM AGAINST THE CITY OF ALAMEDA

- PLEASE TYPE OR PRINT CLEARLY ALL OF THE INFORMATION REQUESTED ON THE CLAIM FORM.
- YOU MUST COMPLETE EACH SECTION, OR YOUR CLAIM MAY BE RETURNED TO YOU AS INSUFFICIENT.
- THE FOLLOWING PROVIDES SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE CLAIM FORM.

1. **CLAIMANT'S FULL NAME, CONTACT AND PERSONAL INFORMATION** Print the full name, mailing address and phone number, email address, gender, date of birth, social security number and driver's license information of the person/persons claiming damage or injury. (Under Senate Bill 2499, the "Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA)", mandatory reporting requirements for all claimants **require a Social Security Number be provided**, under penalty of law.)
2. **WHEN DID THE DAMAGE OR INJURY OCCUR?** Print the exact month, date, year and approximate time (if known) of the incident, which caused the alleged damage/injury.

Under State law, claims relating to causes of action for personal injury, wrongful death, property damage, and crop damage must be presented to the City of Alameda no later than six months after the incident date. Please note that evidence of **presentation** must include a clear postmark date on the envelope or a certification of personal service.

When filing a claim beyond the six-month period, you must explain the reason the claim was not filed within the six-month period. This explanation is called an **application for leave to present a late claim**. In considering your claim, the City will first decide whether the late claim application should be granted or denied. (See Government Code Section 911.4 for the legally acceptable reasons claim may be filed late.) Only if your late claim application is granted will the City consider the merits of your claim.

Claims relating to any cause of action, subject to the Tort Claims Act, other than personal injury, wrongful death, property damage, and crop damage, must be presented no later than one year after the incident date. (See Government Code Section 911.2)

3. **PLACE OF OCCURRENCE** Please include street address, city, intersection, etc. If possible, also include the Police Report number.
4. **WHAT HAPPENED AND WHY IS THE CITY RESPONSIBLE?** Please explain the circumstances that led to the alleged damage or injury. State all facts, which support your claim with the City of Alameda, and why you believe the City is responsible for the alleged damage or injury. If known, identify the name of the City Department(s) and/or City employee(s) that allegedly caused the damage or injury.
5. **DESCRIPTION OF DAMAGE OR LOSS** Provide in full detail a description of the damage/injury that allegedly resulted from the incident.
6. **TOTAL AMOUNT CLAIMED** State the specific total dollar amount you are claiming as result of the alleged damage/injury. Provide a breakdown or how the total amount that you are claiming was computed. You may declare expenses incurred and/or future, anticipated expenses. If you have supporting documents (i.e., bills, payments receipts, photographs, cost estimates), please attach copies to your claim.
7. **SIGNATURE** The claim must be signed by the claimant or by the attorney/representative of the claimant. The City will not accept the claim without proper signature.

- SUBMIT COMPLETED CLAIM AND RELATED DOCUMENTATION TO: The City Clerk's Office, 2263 Santa Clara Avenue, Room 380, Alameda, CA 94501. The City Clerk's Office will accept personal service during regular City business hours, 8:00 a.m. to 6:00 p.m. Monday through Thursday. If you have any questions regarding the filing of a claim, please contact the Risk Manager at (510) 747-4750.