



17575 PEAK AVENUE
MORGAN HILL, CA 95037-4128

GENERAL: 408-779-7271
FAX: (408) 778-7238
WWW.MORGANHILL.CA.GOV

Office Use Only:

CLAIM NO.	
45-Day Period	

CLAIM FOR DAMAGES

Please submit completed claim form, adding additional sheets as necessary, to the City Clerk at the above address.

Note: Pursuant to Government Code 910, subject to limited exceptions, a claim must be filed with the City of Morgan Hill within six(6) months of the incident. Completed claims must be mailed or hand-delivered to the City Clerk's Office, 17575 Peak Avenue, Morgan Hill, CA 95037. Emailed or faxed claims will not be accepted. Please complete each section and print clearly.

Please attach copies of itemized receipts, estimates, photographs, medical bills, or other documentation supporting your claim.

PLEASE PRINT

1. Claimant's Name _____

2. Claimant's Address:

Street or P.O. Box _____

City, State, Zip Code _____

Home Phone _____ Work Phone _____

3. Amount of Claim: \$_____

If amount claimed is more than \$10,000.00 indicate where jurisdiction rests:

_____ Limited Civil Case _____ Unlimited Civil Case

4. Address to which notices are to be sent, if different from line 1 and 2 above.

Name: _____

Street or P. O. Box _____

City, State Zip _____

5. Date of incident _____ Time of incident _____

Location of incident _____

6. Describe the incident/accident including your reason for believing the City is liable for your damages.

7. Describe all damages, which you believe you have incurred as a result of the incident.

8. Name (s) of public employee (s) causing the damages you are claiming.

Claimant's Signature

Date