

CLAIM FORM

(To be completed by Claimant)

CLAIMANT _____ Telephone _____

ADDRESS _____

Description of Claim _____

Location of Occurrence _____

Amount of Claim _____

(Attach supporting receipts, etc.)

City Employees Involved _____

Date of Occurrence _____

Witnesses to Occurrence _____

(Name and Address)

Date: _____ Signature _____

SEND TO: Scotts Valley City Clerk
One Civic Center Drive
Scotts Valley, CA 95066