



City of Scotts Valley CLAIM FORM

FOR OFFICIAL USE ONLY

RECEIVED BY: _____

INFORMATION AND INSTRUCTIONS FOR CLAIMANT

- Claim form is to be completed by claimant or designated representative of claimant.
- Complete claim form thoroughly and accurately.
- Attach any applicable documents and/or receipts.
- Upon receipt, Claim will be reviewed by the City's Risk Management team and you will be notified of any action taken via mail or email.

RETURN COMPLETED CLAIM FORM IN PERSON, BY MAIL OR EMAIL TO:

City of Scotts Valley
Attn: City Clerk
1 Civic Center Drive
Scotts Valley, CA 95066
tferrara@scottsvalley.org

FOR MORE INFORMATION CONTACT:

Tracy A. Ferrara, City Clerk
City of Scotts Valley
1 Civic Center Drive, Scotts Valley, CA 95066
Tel: 831-440-5600
Email: tferrara@scottsvalley.org

1. CLAIMANT INFORMATION

Claimant		
Street Address/City/ST/Zip		
Mailing Address/City/ST/Zip		
Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
E-Mail Address		

2. DESCRIPTION OF CLAIM

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3. AMOUNT OF CLAIM (If applicable, attach supporting receipts, etc.)

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4. CITY EMPLOYEES INVOLVED

5. DATE OF OCCURRENCE

6. WITNESSES TO OCCURRENCE (Please include all available contact information, i.e. name, address, etc.)

CLAIMANT'S STATEMENT/AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING):

I hereby certify under penalty of perjury that the answers and statements I have made on this claim are true and correct to the best of my knowledge and belief.

CLAIMANT SIGNATURE:	DATE:
PRINTED NAME:	POSITION/TITLE: