



PLEASE READ THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING.

1. Claimant's Information:

Claim Number: _____

First & Last Name: _____

Address: _____

Daytime Phone: _____ Evening Phone Number: _____

2. Type of Claim (check all that apply) this claim arises from:

- Personal Injury Wrongful Death Property Damage Crop Damage
- Breach of Contract Tax Refund Employment Other _____

3. When did the damage occur? (date & time) _____ King City Police Report No.: _____

4. Where did the damage occur? (address or physical description) _____

5. What happened and why do you think the City is responsible? (attach additional page(s) if necessary) _____

6. Where there any witnesses to this occurrence? (please provide names, addresses and phone numbers) _____

7. If applicable, identify the name and position of the responsible City employee(s), if known: _____

8. What damage or injury occurred? _____

9. Claim amount:

Is the amount claimed \$10,000 or less? If so, specify the amount here: \$ _____

Is the amount between \$10,000 and \$25,000? If so, check this box: Superior Court Limited Jurisdiction

Is the amount claimed over \$25,000? If so, check this box: Superior Court Unlimited Jurisdiction

10. How did you calculate the amount claimed? (please attach documentation) _____

11. I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct and that this declaration was executed on:

_____, California

(Claimant Signature)

(Date)

(Place where executed)

Official Notice & Correspondence

If represented by and insurance company or an attorney, please provide the information requested below:

Name: _____ Address: _____ Phone: _____



City Manager Claim Presented to The City of King

Please type or clearly print all the information requested on the claim form. You must complete each section, or you or your claim may be returned to you as insufficient. The following provides specific instructions for completing each section of the claim form:

1. **Name and Mailing Address** of claimant – State the full name and address of the person(s) claiming damage or injury. Please include daytime and evening phone numbers.
2. **Type of Claim** – Please check all boxes which describe the type of claim you are making.
3. **When did the damage or injury occur?** – State the exact month, date, and year, and approximate time (if known) of the incident that 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 KING not later than six months after the incident date. Please note that evidence of presentation includes a clear postmark date on an 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 a claim may be filed late). Only if your late claim application is granted will the City then consider the merits of your claim.

Pursuant to King City Municipal Code section 2.50.080, all claims against the City for money or damages, when a procedure for processing such claims is not otherwise mandated by State laws, shall be presented not later than one year after the accrual of the cause of action. (See Government Code section 911.2).

4. **Where did the damage occur?** – Please include street address, city, count, intersection, etc. If possible, also include the Police Report.
5. **What happened and why do you think the City is responsible?** – Please explain the circumstances that led to the alleged damage or injury. State all facts that support your claim with the City of King, and why you believe the City is responsible for the alleged damage or injury.
6. **Were there any witnesses to this occurrence?** – If there were any persons who witnessed the damage or injury, please provide their names, addresses and telephone numbers.
7. **Identify the name and position of the responsible City employee(s)** – If known, identify the name of the City Department(s) and/or City employee(s) that allegedly caused the damage or injury.
8. **What damage or injury occurred?** – Provide in full detail a description of the damage/injury that allegedly resulted from the incident. What specific damage or injury do you claim resulted from the alleged action?
9. **Claim amount** – If the specific total dollar amount you are claiming as a result of the alleged damage/injury is \$10,000 or less, please state the figure. If damage/injury is continuing or is anticipated in the future, indicate with a “+” following the dollar figure. If the total dollar amount exceeds \$10,000, designate the court jurisdiction by checking the appropriate box.
10. **How did you calculate the amount claimed?** – Provide a breakdown of how the total amount that you are claiming was computed. You may declare expenses incurred and /or future, anticipated expenses. If you have supporting documentation (i.e., bills, payment receipts, cost estimates), please attach copies of them to your claim.
11. **Signature** – The claim must be signed by the person making the claim. If the Claimant is in minor under the age of 18 years at the time the claim is made, this form must also be signed by a parent or legal guardian.

Official Notice and Correspondence – If you are represented by an insurance company or an attorney in connection with this claim, please provide the name, address and telephone number of the contact person.

Submit completed claims and related documentation either by mail or personal service to:

City of King – Attn: City Clerk
212 South Vanderhurst Avenue
King City, CA 9330

Personal service of claims can be accomplished during regular City business hours: 9:00 a.m. – 5:00p.m., Monday through Friday (excluding Holidays).

If you wish to receive a stamped copy of the claim, return the form to the City Clerk with a cover letter informing the City of your request, along with a stamped, self-addressed envelope.

You will receive written notification from the City Council of the action taken on your claim within 45 days.

If after reading these instructions you still have questions or need additional information regarding the filing of a claim with the City of King, please contact the City at (831) 385-3281.

This claim form may be used for monetary claims under the CA Govt Code and under the Municipal Code. Use of this form is not mandatory, but to be valid claims submitted must include all information required by CA Govt Code § 910 and King City Municipal Code Chapter 2.50.

The filing of a false claim is against the law and may be punishable by criminal and civil penalties.