Claim Form

This form is provided pursuant to Government Code Section 910.4 and shall be used by any person presenting a claim to the City of Cupertino under Government Code Section 810 et seq., except as provided in Government Code Sections 905 and 905.1. If additional space is needed for any of the required information, please attach additional sheets.

Section 1: Claimant Information

<table>
<thead>
<tr>
<th>Name of Claimant</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Email Address

Section 2: Notices

The person presenting this claim desires that notices be sent to the following address:

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
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</table>

Section 3: Claim Information

Date of the occurrence or transaction that gave rise to the claim:

Month   Day   Year

Location of the occurrence or transaction that gave rise to the claim. If applicable, include street address, city or county, highway number, mile post number and direction of travel.

Explain the circumstances of the occurrence or transaction that gave rise to the claim. State all facts that support your claim including the reason you believe the City of Cupertino is liable for the alleged damage or injury:

<table>
<thead>
<tr>
<th>Explain the circumstances</th>
<th>Current Location</th>
<th>Reason for Liability</th>
</tr>
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<tbody>
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</table>
Describe all indebtedness, damages, injuries or loss that you believe you have incurred as a result of the occurrence or transaction:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Provide the name(s) of the City of Cupertino employee(s) causing the injury, damage or loss, if known.
______________________________________________________________________________________
______________________________________________________________________________________

Provide the amount claimed, if said amount totals less than ten thousand dollars ($10,000.00), as of the date of presentation of the claim (including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim), together with the basis of computation of the amount claimed.

Amount Claimed:  $______________________________________________________________
Basis for computation: __________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

If the amount claimed exceeds ten thousand dollars ($10,000), do not provide the dollar amount of the claim. However, please indicate below whether the claim would be a limited civil case ($25,000 or less) or an unlimited civil case (over $25,000).

_______ Limited Civil Case  ______ Unlimited Civil Case

Section 4: Insurance Information (to be completed if claim involves a motor vehicle)

Has a claim for the alleged damage/injury been filed or will it be filed with your insurance carrier? ___ Yes _____ No

Name of insurance carrier           Telephone Number
______________________________________________  ( _____ ) _______________________

Address      City  State  Zip Code

Policy Number: ________________________________ Deductible: $_________________________

Name of registered owner(s) of the vehicle: ________________________________________________

Vehicle Make: _____________________________ Model: _____________________________ Year: __________
Section 5: Representative Information (to be completed if the claim is filed by an attorney or representative)

Name of Attorney/Representative: ____________________________  (_____) ________________________
Telephone Number: ________________________________

Address: ____________________________  City: ______  State: ______  Zip Code: ______

Is the claim filed on behalf of a minor?  ____Yes  ____No  If yes, please indicate:
Relationship to the minor: ____________________________  Minor’s date of birth: ________________

Section 6: Advisory

Section 72 of the Penal Code provides that “every person who, with intent to defraud, presents for allowance or for payment to any State Board or Officer, or to any county, town, city, district, ward, or village, board or officer authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is guilty of a felony.

Section 7: Signature

Signature of Claimant or Claimant’s Attorney/Representative: ____________________________  Date: ________________

Section 8: Submission of Claim Form

Completed Claim Forms must be submitted by personal delivery or by U.S. mail, postage paid, to the following address:

City Clerk
City of Cupertino
10300 Torre Avenue
Cupertino, CA 95014

For additional information, the City of Cupertino may be contacted by telephone at (408) 777-3200.

Note: To assist us in processing your claim, please answer the following questions:

Did you notify the City of Cupertino regarding this incident prior to filing this claim?
  ____ Yes  ____ No

If Yes:
  (a) Approximately what date? ____________________________
  (b) What department did you contact ____________________________
  (c) To whom did you speak? ____________________________