



CITY OF HALF MOON BAY  
501 MAIN STREET, HALF MOON BAY, CA 94019  
650-726-8910  
**Liability Claim Form**

**COMPLETE THE FOLLOWING, ADDING ADDITIONAL SHEETS AS NECESSARY.**

1. CLAIMANT'S NAME (Print): \_\_\_\_\_

2. CLAIMANT'S ADDRESS: \_\_\_\_\_  
(Street or P.O. Box Number – City – State – Zip Code)

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

3. AMOUNT OF CLAIM \$ \_\_\_\_\_ (Attach copies of bills/estimates)  
IF AMOUNT CLAIMED IS MORE THAN \$10,000 INDICATE WHERE JURISDICTION RESTS:

Limited Civil Case:

Unlimited Civil Case:

4. ADDRESS TO WHICH NOTICES ARE TO BE SENT, IF DIFFERENT FROM LINES 1 AND 2 (PRINT):

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Street or P.O. Box Number)

\_\_\_\_\_

(City – State – Zip Code)

5. DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

6. DESCRIBE THE INCIDENT OF ACCIDENT INCLUDING YOUR REASON FOR BELIEVING THAT THE CITY IS  
LIABLE FOR YOUR DAMAGES:

7. DESCRIBE ALL DAMAGES WHICH YOU BELIEVE YOU HAVE INCURRED AS RESULT OF THE INCIDENT:

8. NAME(S) OF PUBLIC EMPLOYEE(S) CAUSING THE DAMAGES YOU ARE CLAIMING: \_\_\_\_\_

\_\_\_\_\_

Signature of Claimant

\_\_\_\_\_

Date

Any person who, with intent to defraud, presents any false or fraudulent claim may be punished by imprisonment, or fine, or both. **Note: You must file a claim in compliance with Government Code Section 911.2.**

**Return form address to Administrative Services Department, 501 Main Street, Half Moon Bay, CA 94019**