CLAIM AGAINST THE TOWN OF CORTE MADERA

PLEASE MAIL THIS FORM TO:	Town of Corte Madera ATTN: Lorena Barrera, Town Clerk 300 Tamalpais Drive Corte Madera, CA 94925
OR EMAIL FORM TO:	lbarrera@cortemadera.gov

CLAIMANT

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

EMAIL ADDRESS: _____

THE UNDERSIGNED RESPECTFULLY SUBMITS THE FOLLOWING CLAIM AND INFORMATION:

1. Post Office address to which the claimant desires notices to be sent of other than the above:

_____

2. Date, place and time of occurrence or transaction which claim arises from:

DATE: _____ TIME: _____

PLACE: _____

3. Specify the particular act or omission and circumstances you claim caused injury and/or damage:

4. Amount of reimbursement claimed as damages, with computation and supporting bills, receipts, or estimates of cost (please attach papers to claim), including the amount of any future or prospective injury, damage, or less, insofar as it may be known at this time:

5. The name/names of the public employee/employees causing the injury, damage or loss, if known:

_____

6. Name and Address of Witness, Doctors, Hospitals, etc.:

Name	Address	Telephone
1.		
2.		
3.		

7. Description of personal injury. If there was no personal injury, state "NONE".

8. Name of any other person injured: _____

Address of injured person: _____

9. Description of damage:

10. Owner of property damaged: _____

Location of property: _____

11. Any additional information that might be helpful in considering claim:

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify that under penalty of perjury that the foregoing is true and correct.

SIGNED THIS _____ DAY OF _____, ____ AT _____

_____

CLAIMANT'S SIGNATURE

(Return to Town Clerk at address or email address listed on page 1)