

Instructions for filing a Claim for Damages against the City of Santa Cruz

Any claim seeking damages from the City of Santa Cruz must be submitted on the City produced claim form. The completed claim form must be delivered to the City Clerk's office as required by California law.

The original claim form must be submitted with the details requested and include an original signature. Please include any documentation of the damage claimed, include estimates (two repair estimates for vehicle damages), receipts, and/or photographs supporting the loss.

Pursuant to Government Code Section 911.2, a claim seeking damages from the City must be submitted within six months of the incident for personal injury, damage to personal property, and wrongful death. Claims including breach of contract and damage to real property must be submitted within one year of the incident. A claim relating to any cause of action other than personal injury, wrongful death, property damage and crop damage must be presented no later than one year after the incident date.

You should consult with an attorney to determine the applicable deadline for filing a claim.

Claims may be submitted via US mail or hand delivered. No emails or facsimiles will be accepted. Submit your original claim form and any supporting documents to:

City Clerk
City of Santa Cruz
809 Center Street, Room 9
Santa Cruz, Ca 95060

Once received, Risk Management will review your claim, investigate, and respond to the claim within approximately 45 days.

Please direct any questions about these instructions or an existing claim for damages to Risk Management at (831)420-5057 or claims@santacruzca.gov.

NOTE:

Any information provided on or with a claim form is a public record and subject to disclosure under the Public Records Act., Government Code Section 6254 *et seq.*



CITY OF SANTA CRUZ CLAIM FORM

INSTRUCTIONS: Complete each line below, otherwise, form may be returned due to insufficiency of claim.

Notification: Once Submitted you will be notified within approximately 45 days regarding your claim.

1. Name of Claimant: _____
Last First Middle

☐ Check if Claimant is **INSURANCE COMPANY** and provide information about insured:

Name of Insured: _____
Last First Middle

☐ Check if Claimant is represented by attorney - Attorney Name: _____

2. Claimant or Insured _____
Residence Address Street No. and Name Apt No. City State & ZIP Code

3. Mailing Address for All Notices: _____
Insurance Company or Attorney address, Street No & Name or P.O. Box City State & ZIP Code
OR if Claimant's mailing address is different from Residence

4. Claimant's Contact Phone No.: () _____ E-mail Address: _____

5. Exact Date of Injury, Damage or Loss: _____ Time: _____ ☐ a.m. ☐ p.m.

6. Exact Location of Injury, Damage or Loss: _____

7. Describe all of your Injuries, Damages or Losses: _____
_____ (use additional pages if needed)

8. Describe how accident occurred: _____
_____ (use additional pages if needed)

9. Vehicle License Number & State if applicable: _____ 10. Police Report No. if known: _____

11. Name(s) of City of Santa Cruz employee(s) causing injury, damage or loss, if known: _____

12. Witnesses: _____
Name Address Phone

Name Address Phone

13. Amount of Claim: \$ _____ **IMPORTANT:** Attach supporting bills and state how you computed the amount of claim (use additional pages if needed). Include **two repair estimates** for vehicle damages.

Date Claimant's Signature

Date Authorized Representative's Signature (if any) Print Name

Return to: **City Clerk**
809 Center Street, Room 9
Santa Cruz CA 95060

Submit the original claim form to the City Clerk's office, in person or by mail (no fax or E-mail).

If you have questions, please contact the Risk Management office at (831) 420-5057 or claims@santacruzca.gov

Please note that the information provided with this claim form is a public record and subject to disclosure under the Public Records Act., Gov't Code § 6254 et seq. ☐ Check here if you wish not to be contacted by anyone other than City