



CLAIM AGAINST THE CITY OF FREMONT

SUBMIT TO: CITY CLERK
CITY OF FREMONT
3300 Capitol Avenue
Fremont, CA 94538

1. Claimant's Name: _____

Claimant's Address: _____

Claimant's Daytime Phone Number: _____

2. When did the damage or injury occur (date and time)? _____

3. Place of occurrence: _____

4. What happened and why do you believe the City is responsible? _____

5. Description of damage or loss: _____

6. *Total amount claimed: _____

7. Date: _____ Signed: _____

* If total amount claimed is less than \$10,000.00, enter amount claimed and the basis for computation of that amount. If it is more than \$10,000.00, no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case. Government Code Section 910(f).

