



GUIDELINES

FOR FILING A CLAIM FOR DAMAGES AGAINST THE TOWN OF LOS GATOS

1. This claim must be presented to the Town of Los Gatos **no later than six (6) months** after the accrual of the cause of action if this claim relates to the death or injury of a person, damage to personal property, or to growing crops.
2. If this claim relates only to another cause of action than the ones stated above, this claim must be presented **no later than one (1) year** after its accrual.
3. Complete the claim form as accurately and completely as possible. Please attach copies of any invoices, photographs, or estimates that support the claim for damages. Retain copies of these records for your files. **The Town will not return any supporting documentation.**
4. To file the claim, please deliver or mail the original of the claim and any supporting documents to the following address:

Town Clerk
Town of Los Gatos
Town Hall
110 E. Main Street
Los Gatos, CA 95030

The Town recommends the claim be delivered in person and an endorsed copy be obtained, or the claim be mailed by certified mail with a return receipt requested.

5. The claim may be amended within fifteen (15) days upon notification of insufficient information, at any time during the period designated for the filing of the claim (either six (6) months or one (1) year depending on the cause of action), or before final action is taken by the governing board, whichever is later. The amended claim must relate to the same transaction or facts giving rise to the original claim. (*California Government Code section 910, et seq.*). Any amendment shall be considered a part of the original claim.
6. These guidelines explain only a few of your rights and obligations under state law regarding claims against public agencies. The complete law is found in the Government Claims Act (*California Government Code section 810, et seq.*).



TOWN OF LOS GATOS

CLAIM FOR DAMAGES

Clerk Department

110 E. Main Street, Los Gatos, CA 95030

Please type or print all information. Add additional pages as necessary.

Claimant Information			
Name		Birthdate	
Address		City	State Zip
Primary Phone Number	Secondary Phone Number	Driver's License Number and State	SSN
Email		Occupation	
Send Notices Regarding This Claim To: (List name, mailing address, email address, and phone number if different from above)			
Incident Information			
Date and Time of Incident	Address of Incident		
Circumstances: Please specify the occurrence, event, act, or omission which you claim caused the injury or damage for which you are submitting this claim. NOTE: If your claim is the result of an act by a Town employee, please specify the employee's name.			
Description of Injury, Property Damage, or Loss (If there were no injuries, state "NO INJURIES")			

Other Injured Persons (List names and addresses)

Damages Claimed (List each individual item and amount, use additional sheets if necessary)

Amount claimed as of this date: \$ _____

Estimated amount of future costs: \$ _____

Total amount claimed: \$ _____

If the claim is for less than \$10,000, the amount of the claim shall be entered, Government Code Section 910.

If the claim is more than \$10,000, no dollar amount need be entered, but the claim must indicate whether the claim would be a limited or unlimited civil case. limited or unlimited

Basis for computation of amounts claimed (include copies of bills, invoices, estimates, etc.)

Witnesses, Hospitals, Doctors, Etc. (List names, addresses, and contact information)

WARNING! IT IS A CRIMINAL OFFENSE TO INTENTIONALLY FILE A FALSE CLAIM (Penal Code Section 72)

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 to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this _____ day of _____ (month), _____ (year)

Claimant's Signature _____

Claimant is advised to consult with an attorney concerning any questions regarding rights, duties, or pertaining to the manner or time of submitting a claim.

In compliance with the *Americans with Disabilities Act*, if you need special assistance to complete this form please call (408) 354-6834 or email Clerk@losgatosca.gov.