



Claim Against the Town of Woodside

TOWN OF WOODSIDE
2955 Woodside Road
Woodside, California 94062
650-851-6790
www.woodsideca.gov

Please return to Town Clerk, Town of Woodside, P.O. Box 620005, Woodside, CA 94062

Complete the following information. Add additional sheets if necessary.

1. Claimant's Name: _____
2. Claimant's Address: (Street or PO Box) _____
(City, State, Zip Code) _____
3. Home Phone: _____
4. Work Phone: _____
5. 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
6. Address to which notices are to be sent, if different from #2:
(Name) _____
(Street or PO Box) _____
(City, State, Zip Code) _____
7. Date of Incident: _____ Time of Incident: _____
8. Location of Incident: _____
9. Describe the Incident or accident, including your reason for believing that the Town is liable for your damages:

10. Describe all damages that you believe you have incurred as a result of the incident:

11. 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: Claims must be filed within 180 days of incident. See Government Code Section 900 et seq.