Claim against the City of San Mateo

Pursuant to Government Code 910, subject to certain limited exceptions, a claim must be filed with the City of San Mateo within six (6) months of the incident. Completed forms must be mailed or hand-delivered or emailed to:

City Clerk, City of San Mateo, 330 West 20th Avenue, San Mateo, CA 94403
City Hall is currently closed from 12-1pm

E-mail: claims@cityofsanmateo.org

Please complete each section and print clearly. Attach any invoices, receipts, estimates, photos, or other documentation that support the claim for damages.

Claimant's Full Legal Name: _____

Date of Birth: _____ - _____ - _____ Driver's License: State: _____ No.: _____

Gender: (circle) Male or Female Home phone.: _____

Cell Phone: _____ Business Phone: _____

Email: _____

Claimant's Address:

_____
Street Apt. No.

_____
City State Zip

Address where notices should be sent if different from claimant's address:

_____
Name Business/Company

_____
Telephone Email Address

_____
Street Apt. No.

_____
City State Zip

Date of Incident: _____ - _____ - _____ Time of Incident: _____ (circle) AM or PM

Location of Incident: _____

CAUSE OF LOSS: Detailed description of the event, act, or omission which you allege caused the injury or damage for which you are submitting this claim.

Name(s) of Public Employee(s) causing injury, damage, or loss: _____

Name and telephone number of any known witnesses: _____

DESCRIPTION OF LOSS (Describe injury, property damage, or loss. If there were no injuries, state "No Injuries."):
Please use second page if necessary.

AMOUNT CLAIMED: $_____
And the Basis for this total:

The Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) requires group health plan insurers to report SSNs in order for Medicare to coordinate payments with other insurance benefits. Individuals who receive ongoing reimbursement for medical care through no-fault insurance, Workers' Compensation, or who receive a settlement, judgment, or award from liability insurance/self-insurance or Workers' Compensation, will be asked to furnish information concerning their SSN. In order for the City to comply with the mandatory reporting requirements of the Medicare, Medicaid and S-chip Extension Act of 2007, the following information is required:

Are you presently or have you ever been enrolled in Medicare Part A or B? (circle) YES or NO

IF YES, PROVIDE MEDICARE NUMBER : _____

I certify that the forgoing is true and correct. Submitted by:

Claimant Signature: _____ Date: _____

Print Name:_____

Attorney or Representative Signature: _____

Print Name: _____Date: _____

WARNING: It is a criminal offense to intentionally file a false or fraudulent claim and is punishable by imprisonment for up to one (1) year or a fine of up to $10,000, or both (Penal Code Section72).