

CITY OF SANTA CLARA

PROCEDURE FOR FILING A CLAIM AGAINST THE REDEVELOPMENT AGENCY OF THE CITY OF SANTA CLARA

1. Claims, pursuant to Government Code §810, and following, for money or damage to persons and/or property (real and personal) must be **filed with the Secretary of the Redevelopment Agency of the City of Santa Clara**, City Clerk's Office, 1500 Warburton Avenue, Santa Clara, California 95050. Claims may be mailed or hand delivered. The City Clerk's Office is open from 8:00 am to 5:00 pm, Monday through Friday.
2. The attached claim form is provided for your convenience. Please read it carefully and supply as much information as possible. The Government Code requires certain information be submitted in a claim against a public entity. The attached form is intended to assist you in complying with those requirements.
3. Upon receipt, a copy of the claim is forwarded to the Agency's Claims Adjuster, George Hills Company, Inc., 2875 Moorpark, Suite 130, San Jose, California 95128. **George Hills Company may be contacted directly at (408) 260-2030, for questions regarding status of a claim.** Claimants are usually contacted within two weeks after the date of filing a claim. The original claim form is filed in the City Clerk's Office and is a public record available for public inspection.
4. Acceptance of a claim by the Agency must not be viewed as an admission of fault or responsibility by the Agency. Submission of the attached claim form (or any other claim form) is intended only to start the Agency's claim evaluation process. The claim evaluation process takes time to gather the facts about the incident and evaluate the legal issues.

There is a multiple step analytical process which follows submission of a claim. The Agency's claims adjuster must:

- a. Confirm the Claimant has suffered the claimed loss, injury, or damage (collectively referred to as "loss").
- b. Ascertain whether or not the Agency is legally responsible for that loss.
- c. Determine if there was any culpability (comparative negligence, assumption of risk, etc.) attributable to the Claimant, and, if there was culpability, evaluate its impact on the amount of the claim.
- d. In cases where an item is damaged, determine the depreciated value of that item. (The Agency, in a manner similar to common insurance company practice, does not pay replacement value for an item.)

CITY OF SANTA CLARA

CLAIM AGAINST THE REDEVELOPMENT AGENCY
OF THE
CITY OF SANTA CLARA, CALIFORNIA

(For Damages to Persons or Personal Property)

City Clerk's Date Stamp

Received By: _____

Via: U.S. Mail _____

Interoffice Mail _____

Over the Counter _____

(Please do not write above this line – for Agency use only)

A claim must be filed with the Secretary of the Redevelopment Agency of the City of Santa Clara within six months* after which the incident or event occurred. Be sure your claim is against the Redevelopment Agency not some other public entity. Where space is insufficient, please use additional paper and identify the information by paragraph number. Completed claims (original and one copy) must be mailed or delivered to: Secretary of the Redevelopment Agency of the City of Santa Clara.

TO THE HONORABLE CHAIR AND AGENCY MEMBERS OF THE REDEVELOPMENT AGENCY OF THE CITY OF SANTA CLARA:

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

1	NAME OF CLAIMANT	DATE OF BIRTH
	ADDRESS OF CLAIMANT	CITY STATE ZIP CODE
	HOME PHONE	WORK PHONE
2	SEND NOTICES REGARDING THIS CLAIM TO: (List name, mailing address and telephone number if not same as name and address listed above.)	
3	DATE OF INCIDENT OR OCCURRENCE CAUSING CLAIM	PLACE (exact and specific location of incident)
4	CIRCUMSTANCES (Specify the occurrence, event, act, or omission which you claim caused the injury or damage for which you are submitting this claim.)	
5	AGENCY'S ACTION (Specify action by Agency or its employees which caused alleged damage or injury.)	

*"One year for a claim relating to any cause of action other than death, injury to person or to personal property, or growing crops." Government Code §911.2

6	NAMES OF EMPLOYEES CAUSING ALLEGED INCIDENT
7	LOSS DESCRIPTION (Describe injury, property damage or loss, so far as is known at this time. If there were no injuries, state "NO INJURIES".) _____ _____
8	OTHER INJURED PERSONS (List names and addresses.) _____ _____
9	PROPERTY OWNER (List name and address of owner of damaged property.) _____ _____
10	DAMAGES CLAIMED: If total dollar amount exceeds \$10,000.00, no dollar amount shall be included in the claim. Indicate with an "X" whether the claim would be a limited civil case (up to \$25,000.00). <input type="checkbox"/> Amount claimed as of this date: \$ _____ Estimated amount of future costs: \$ _____ Total amount claimed: \$ _____ Basis for computation of amounts claimed: (Include copies of bills, invoices, estimates, etc.) _____
11	WITNESSES, HOSPITALS, DOCTORS, ETC. (List names and addresses.) _____ _____
12	ADDITIONAL INFORMATION (List any additional information that might be helpful in considering your claim.) _____ _____

WARNING! IT IS A CRIMINAL OFFENSE TO 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 as 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 _____, 20 _____ at _____.

Claimant's Signature