



# CITY OF SCOTTS VALLEY

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## OFFICE OF THE CITY CLERK

One Civic Center Drive • Scotts Valley • California • 95066  
Phone (831) 440-5600 • Facsimile (831) 438-2793 • [www.scottsvally.org](http://www.scottsvally.org)

# CLAIM FORM

(To be completed by Claimant)

CLAIMANT \_\_\_\_\_ Telephone \_\_\_\_\_

ADDRESS \_\_\_\_\_

Description of Claim \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Occurrence \_\_\_\_\_

\_\_\_\_\_

Amount of Claim \_\_\_\_\_

(Attach supporting receipts, etc.)

City Employees Involved \_\_\_\_\_

\_\_\_\_\_

Date of Occurrence \_\_\_\_\_

Witnesses to Occurrence \_\_\_\_\_

(Name and Address)

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**SEND TO: Scotts Valley City Clerk  
One Civic Center Drive  
Scotts Valley, CA 95066**