Date Received: CLAIM AGAINST THE CITY OF SOUTH SAN FRANCISCO \*\*\*\* PLEASE READ INSTRUCTIONS ON OTHER SIDE FIRST \*\*\*\* Name of Claimant (Last Name) Home Address emal! info@ Julie Joflowers, com Phone Number CA Drivers License No. D 2702682 Date of Birth Type of Loss: 
☐ Personal Injury Property Damage mage ☐ Other ☐ Police Report # \_\_/2 = Indemnity - Date complaint served When did injury or damage occur? Where did injury or damage occur? (Street address, intersecting streets, or other location) 415 Grand Avenue

Top floor x of Maple St. How did injury or damage occur? (Describe accident or occurrence) Valuable businesse persona Name of City employee(s)/department involved? South San Fahaisco Police Dept. Total Amount Claimed For Personal Injury \$ Property Damage \$ 851.395 Business: CAD Report 170309084: \$ 4000 **Total Amount Claimed \$** NOTE: Please attach copies of supporting documentation for the amounts claimed. If claim relates to an automobile accident, please answer the following and ATTACH PROOF OF INSURANCE: Please check here if there was no insurance coverage in effect at the time of incident  $\Box$ Insurance policy # Insurance Company Insurance Broker/Agent Address Phone ( ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name (Mr./Mrs./Ms.) TRUE Daytime Phone (4K) 572 -9014 Address (Street, City, State, Zip) WARNING: California State Law generally requires that most claims against a public entity, such as the City of South San Francisco, be presented within SIX (6) MONTHS from the date of the action or incident giving rise to the claim. Certain other claims must be filed within ONE (1) YEAR from the action or incident. You should check the Government Code to determine what presentation period applies in your case. (self, attorney, guardian, etc.)