



## Claim against the Town of Woodside

**Town of Woodside**  
2955 Woodside Road  
Woodside, California 94062  
650 851.6790  
www.woodsidesidetown.org

---

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.**