



CITY OF HOLLISTER CLAIM FORM

(To Be Completed By Claimant)

Claimant _____ Telephone () _____

Address _____

Address to Which Response Should be Sent _____

Description of Occurrence _____

Location of Occurrence _____

Date and Time of Occurrence _____

Witnesses to Occurrence (Name and Address) _____

Amount of Claim _____

(Attach supporting invoices, etc.)

City Employees Involved _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date _____ **Signature** _____

Send completed form to:

City Clerk
City of Hollister
375 Fifth Street
Hollister, CA 95023
(831) 636-4304