



CITY OF HALF MOON BAY

501 Main Street
Half Moon Bay, CA 94019
(650) 750-2034

Liability Claim Form

NAME: _____
please print clearly

ADDRESS: _____
(mailing address) (city) (zip)

PHONE: _____ TODAY'S DATE: _____
(best daytime phone)

EMAIL ADDRESS: _____

1. Date and Time of Accident or Occurrence

2. Location/ Address of Occurrence

3. Description of Accident or occurrence

4. Nature and Value of damage. Please attach estimates.

5. Names of City employee involved. Type, make and number of equipment involved, if known.

