

12. Provide a general description of the specific damage, injury, indebtedness, obligation, or loss incurred so far as it may be known at the time of presenting claim.

13. Dollar Amount of Claim: (if less than \$10,000) as of the date of presenting the claim. (Include the estimated amount of any prospective injury, damage, or loss, insofar as it may be known when the claim is presented). \$ _____

14. If the amount claimed exceeds \$10,000, no dollar amount shall be included in the claim. However, please indicate whether the claim would be a limited civil case. Yes No (Under \$25,000)

15. Name(s) of _____ employees causing injury, damage or loss, if known

CLAIMS INVOLVING MOTOR VEHICLES

16. Insurance Information (complete if claim involves motor vehicle). Has the claim for the alleged damage/injury been filed (or will be filed) with your insurance carrier. Yes No

17. Name of Insurance Carrier and Telephone Number (including area code)

Name		Telephone Number	
Address	City	State	Zip

18. Policy Number: _____

19. Are you the registered owner? Yes No

20. Amount of Deductible: \$ _____

21. Make: _____ Model: _____ Year: _____

Section 72 of the Penal Code provides that a person found guilty of submitting a fraudulent claim may be punished by imprisonment in the County Jail or State Prison, and/or by the imposition of a fine up to \$10,000.00.

Signature of Claimant, or person legally authorized to submit this claim on your behalf.

Signature

Printed Name of Person Completing Claim

**Submit Claim to:
Secretary, Board of Commissioners
Housing Authority of the City of Alameda
701 Atlantic Avenue
Alameda, CA 94501**