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 _____

Witness or occurrence (Name and Address) _____

_____

Amount of claim _____

(Attach supporting invoices, etc.)

City employees involved (if any) _____

_____

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
831-636-4300, option 5
coh.cityclerk@hollister.ca.gov