

CLAIM AGAINST THE SAN FRANCISCO HOUSING AUTHORITY

The undersigned hereby presents the following claim against the San Francisco Housing Authority in accord with the provisions of Government Code §910.

Name and Address of Claimant _____

(If applicable) Tenant I.D. No. _____ Name of Development _____

Soc. Security No. _____ DOB _____ Occupation _____

Name/Address of Employment _____

Address to which notices are to be sent: _____

Date of Incident _____ Time of Incident _____

Location of Incident _____

Description of the incident including your reason for believing that the Housing Authority is liable for your damages.

Description of all damages which you have incurred as a result of the incident. (Please itemize)

_____ Amount \$ _____
_____ Amount \$ _____
_____ Amount \$ _____

Total dollar amount of all damages that you are claiming. (Please attach all estimates that are available).

Amount \$ _____

Name or names of any Housing Authority employee(s) causing the damage you are claiming.

Name and address of any and all witnesses to this incident.

If this is a claim for indemnity, on what date were you served with the underlying lawsuit? _____

Signature of Claimant _____ Date _____

Print Name _____ Telephone _____

***COMPLETE THIS FORM IN ITS ENTIRETY. Send signed form to: YOUR PROPERTY MANAGER OR
THE HUMAN RESOURCES DEPARTMENT AT 1815 EGBERT STREET, 2nd FLOOR, SAN FRANCISCO CA 94124**