Mail TWO copies and a self-addressed, stamped envelope to this SF address.

# CLAIM AGAINST THE CITY AND COUNTY OF SAN FRANCISCO

Before completing this form please read the instructions on the back. Untimely claims will be returned. Please submit this form and supporting documentation to the **Controller's Office, Claims Division, 1390 Market Street, 7th Floor, San Francisco, CA 94102** in person or by mail.

**Write both spouses' names if filing jointly.**

**1. Claimant's Name and Home Address** (Please Print Clearly)
*

**City** **State** **Zip**

**Telephone** Daytime Evening Cellular

**2. Send Official Notices and Correspondence to:** what address?
*

**City** **State** **Zip**

**Telephone** Daytime Evening Cellular

your email address (es):

**5. Date of Incident**
* N/A

**6. Time of Incident** (AM or PM)
** N/A

**8. Claimant Vehicle License Plate #, Type, Mileage, and Year**
** N/A

**9. Basis of Claim.** State in detail all facts and circumstances of the incident. Identify all persons, entities, property and City departments involved. State why you believe the City is responsible for the alleged injury, property damage or loss.

**In the case of Greater Westchester Homeowners Association v. City of Los Angeles, the Supreme Court of California wrote: "Is a municipality which owns and operates an airport liable on a nuisance theory for personal injuries sustained by nearby residents and caused by noise from aircraft using the facility? We will conclude that it is." 26 Cal.3d 86 (1979) - 603 P.2d 1329 - 160 Cal. Rptr. 733 - Note that the City and County of SF is not shielded against legal responsibility for damages due to aircraft noise.**

| Name, I.D. Number and City Department of City Employee who allegedly caused injury or loss | Type of City Vehicle | Vehicle License Number and Bus or Train Number |
|---|---|---|
| ** N/A | ** N/A | ** N/A |

**10. Description of Claimant's injury, property damage or loss**

Describe how the runway noise affects you.

**11.** Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation. (See Instructions)

**ITEMS**

The suffering from this ongoing private nuisance is not readily translatable to dollar amounts.

Enter an amount up to $10,000 $

$

**TOTAL AMOUNT** $

Court Jurisdiction: Limited (up to $25,000) ☐
Unlimited (over $25,000) ☐

**12. Witnesses (if any)**

| Name | Address | Telephone |
|---|---|---|
| 1. | | |
| 2. | | |

**13.**
*

**Signature of Claimant or Representative** **Date**

**Print Name** **Relationship to Claimant**

Write TWO names if filing jointly.

**Do Not Write In This Space**

CA/FORM 02/14