



**CLAIM FORM FILING INSTRUCTIONS: THE PORT *REQUIRES THAT ALL CLAIM FORMS BE SERVED ON THE SECRETARY OF THE BOARD OF PORT COMMISSIONERS***

**CLAIM AGAINST THE PORT OF OAKLAND**

Attn: John Betterton  
Secretary of the Board of Port Commissioners  
530 Water Street, 7<sup>th</sup> Floor  
Oakland, CA 94607  
(510) 627-1696

Claimant's Name: \_\_\_\_\_  
(Please print or write legibly)

Claimant's Address: \_\_\_\_\_  
Street City Zip

Home Phone No.: ( ) \_\_\_\_\_ Work Phone No.: ( ) \_\_\_\_\_

Claimant's Date of Birth: \_\_\_\_\_

Address where Notices are to be sent (if different from above): \_\_\_\_\_  
\_\_\_\_\_

Date of Incident/Accident: \_\_\_\_\_

Date injuries, damages or losses were discovered: \_\_\_\_\_

Location of Incident/Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did Entity<sup>1</sup> or Entity's Employee do to cause this loss, damage or injury? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use back of this form or a separate sheet if necessary to answer this question in detail.)

<sup>1</sup> Entity refers to Port of Oakland

What are the names of the Entity's Employee(s) who caused this injury, damage, or loss (if known)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What specific injuries, damages or losses did Claimant receive? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What amount of money is Claimant seeking?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How was this amount calculated (please itemize)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

If signed by Representative: \_\_\_\_\_

(Signature)

Representative's Name: \_\_\_\_\_

Representative's Address: \_\_\_\_\_

\_\_\_\_\_

Representative's Phone No.: (     ) \_\_\_\_\_

Relationship to Claimant: \_\_\_\_\_