



CLAIM PRESENTED TO THE CITY OF MARTINEZ
 * Please read the instructions on the back before completing.

Reserve for filing stamp

RECEIVED
 DEC 23 2009

CITY OF MARTINEZ
 CITY CLERK'S OFFICE
 GL-000607
 09-34

1. Claimant's Name: (PRINT) JENNIFER ^{MATTA} FITZGERALD
 Address: 3220 ALHAMBRA AVE. MARTINEZ
 Day Phone: (925) 444-2026 Eve Phone: (925) 231-5880

2. When did the damage or injury occur?
 Month: December Day: 04 Year: 09 *Not Specified on* File # 09-4287
 Time: a.m./p.m. *Police Report* Police Report # _____

3. At which location did the damage or injury occur?
500 Block of Main Street.

4. a. What happened and why is the City responsible? We parked in a legal spot with a parking (metal) sign that reads 2 Hour Parking 9am to 6pm. There was no other sign visible saying we could not park. It turns out that someone posted a (No Parking) plastic sign on the pole below the 2 hr. metal sign but it was not facing the street so anyone parking there could see it. The police said that they did not post the sign and even admitted that "the public many times turn these signs around but there is not much they can do about that." We never would have parked there if the sign was "properly posted". I have never had a vehicle towed prior to this and ^{have always} respected all laws! It is not fair!
 b. Name and position of responsible City Employee(s), if known: _____

5. What damage or injury occurred?
Charges Received from Police Dept. & Towing Service

6. Claim amount (only if less than \$10,000): \$325 (Towing Rate) + \$110 (Release Form - Police Fee)
 If the amount exceeds \$10,000, please check (X) the court of appropriate jurisdiction: \$435 - (Total Charged)
 Municipal Court (claims up to \$25,000) Superior Court (claims over \$25,000)

7. How did you arrive at the amount claimed? Please attach documentation.
Charges Received from Police Dept. & Towing Service

8. I declare under penalty of perjury under the laws of the State of California that the following information is true and correct, and that this declaration was executed on December 23, 2009, at Martinez CA.
Jennifer Fitzgerald
 Signature of Claimant or Representative's Signature

9. Official Notices and Correspondence
 If represented by an insurance company or an attorney, please provide the information requested below.
 Name and Capacity: (PLEASE PRINT) _____
 Address: _____
 City, State, Zip: _____
 Daytime Telephone: () _____ Evening Telephone: () _____