



CLAIM FOR DAMAGES

INSTRUCTIONS:

File original claim with the City Clerk's Office, P.O. Box 19575, Irvine, CA 92623-9575. Failure to provide sufficient information may result in delays in claim processing.

PLEASE NOTE:

1. Claims for death, injury to person or to personal property must be filed no later than six (6) months after the occurrence (Government Code Section 911.2). This applies to occurrences after January 1, 1988.
2. Claims for damages to real property must be filed no later than one (1) year after the occurrence (Government Code Section 911.2).
3. Review and complete entire Claim For Damages form before filing.
4. Attach separate sheets, if necessary, to give full details.
5. This form must be signed by the claimant or a person on his/her behalf (Government Code Section 911.2).
6. This form is for the convenience of those desiring to present claims against the City. Claimant is advised to consult a private attorney if legal advice is desired. City employees may not give legal advice to any claimant relating to private claims.

CLAIM INFORMATION

LAST NAME OF CLAIMANT		FIRST NAME		MI	PHONE*	
HOME ADDRESS OF CLAIMANT*			CITY		STATE	ZIP

<input type="checkbox"/> IF CLAIMANT WOULD LIKE NOTICES SENT TO AN ADDRESS DIFFERENT FROM ABOVE, INDICATE BELOW:			<input type="checkbox"/> IF CLAIMANT IS REPRESENTED BY AN ATTORNEY, PROVIDE NAME AND ADDRESS:		
NAME			NAME		
ADDRESS*			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
DATE OF DAMAGE/INJURY	LOCATION OF DAMAGE/INJURY (If known, include specific address and location)				
TIME OF DAMAGE/INJURY					
<input type="checkbox"/> AM <input type="checkbox"/> PM					

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CLAIM FOR DAMAGES

DESCRIBE SPECIFIC NATURE OF DAMAGE/INJURY (Attach additional sheet if necessary)

SPECIFY HOW THE DAMAGE/INJURY OCCURED (Attach additional sheet if necessary)

NAME(S) OF CITY EMPLOYEES INVOLVED IN DAMAGE/INJURY/LOSS (If known)

SPECIFY WHAT PARTICULAR ACT/OMISSION ON THE PART OF CITY OFFICERS OR PUBLIC EMPLOYEES DO YOU CLAIM CAUSED THE DAMAGE/INJURY (Attach additional sheet if necessary)

WERE POLICE ON SCENE?

NO YES

WAS A POLICE REPORT FILED?

NO YES

IF YES, PROVIDE POLICE REPORT NO.

GIVE THE AMOUNT CLAIMED AS OF THE DATE OF PRESENTATION OF THE CLAIM, INCLUDING THE ESTIMATED AMOUNT OF ANY DAMAGE/INJURY/LOSS, INSOFAR AS IT MAY BE KNOWN AT THE TIME OF PRESENTATION OF THIS CLAIM, TOGETHER WITH THE BASIS OF COMPUTATION OF THE AMOUNT CLAIMED, WITH ESTIMATES AND BILLS, IF APPROPRIATE. (Attach additional sheet if necessary)

TOTAL AMOUNT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS HEREINABOVE SET FORTH ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF CLAIMAINT -OR- REPRESENTATIVE OF CLAIMANT

DATE

NOTICE: Section 72 of the Penal Code provides that: "Every person who, with intent to defraud, presents for allowance, or for payment to any state board or officer, or to any County, Town, City, District, Ward, or Village Board or Officer, if genuine, and false, fraudulent claim, bill, account, voucher, or writing, is guilty of a felony."