CITY OF DANA POINT

CLAIM FORM

Received by _____ via ____U.S. Mail ____Over the Counter

A CLAIM MUST BE FILED WITH THE CITY CLERK OF THE CITY OF DANA POINT WITHIN SIX (6) MONTHS AFTER WHICH THE INCIDENT OR EVENT OCCURRED. BE SURE YOUR CLAIM IS AGAINST THE CITY OF DANA POINT, NOT ANOTHER PUBLIC ENTITY.

Where space is insufficient, please use additional paper and identify information by paragraph number.

THE UNDERSIGNED RESPECTFULLY SUBMITS THE FOLLOWING CLAIM AND INFORMATION RELATIVE TO DAMAGE TO PERSONS AND/OR PERSONAL PROPERTY PURSUANT TO THE PROVISIONS OF SECTIONS 900 THROUGH 915.2 OF THE GOVERNMENT CODE:

Completed claims must be mailed or delivered to:

CITY OF DANA POINT
City Clerk
33282 Golden Lantern #203
Dana Point, CA 92629

CLAIMANT

NAME:
ADDRESS:

PHONE: Daytime (___)
Evening (___)

Date of Birth:

1. Name, telephone, address to which claimant desires notice to be sent if other than above:

2. WHEN did damage or injury occur? (Give exact date and hour)

3. WHERE did damage or injury occur? (State specific location)

4. HOW did damage or injury occur? (Give full details)

5. What particular action by the City, or its employees, caused the alleged damage or injury?

6. Give a description of the injury, property damage or loss, so far as is known at the time of this claim. If there were no injuries, state "No injuries".

7. Give the names(s) of the City employee(s) causing the damage or injury:

8. Name and address of any other person(s) injured:

_____
_____
_____
_____

9. Name and address of the owner of any damaged property:

_____
_____
_____

10. Names and addresses of all witnesses, hospital, doctors, etc:

_____
_____
_____

11. Damages claimed:

a. Amount claimed as of this date: $

b. Estimated amount of future costs: $

c. Total amount claimed: $

d. Basis for computation of amounts claimed (include copies of *all* bills, invoices, estimates, etc.):

12. Any additional information that might be helpful in considering claim:

I HAVE READ THE MATTERS AND STATEMENTS MADE IN THE ABOVE CLAIM AND KNOW THE SAME TO BE TRUE OF MY OWN KNOWLEDGE, EXCEPT AS TO THOSE MATTERS STATED UPON INFORMATION OR BELIEF AND AS TO SUCH MATTERS I BELIEVE THE SAME TO BE TRUE. I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signed this _____ day of _____, 20___,
at _____.

_____
CLAIMANT'S SIGNATURE