CLAIM FOR DAMAGES AGAINST THE CITY OF LA HABRA
TO PERSON OR PROPERTY

FILE WITH:
CITY CLERK'S OFFICE
110 E. LA HABRA BLVD.
LA HABRA, CA. 90631

INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed no later than six months after the occurrence. (Gov. Code Sec. 911.2. See also La Habra Municipal Code Chapter 1.22.)
2. Claims for damages to real property must be filed no later than 1 year after the occurrence. (Gov. Code Sec. 911.2.)
3. Claims for payment or damages other than tort claims must be filed no later than 1 year after the claim accrues. (La Habra Municipal Code Chapter 1.22.)
4. Read entire claim form before filing.
5. See page 2 for diagram upon which to locate place of accident.
6. This claim form must be signed on page 2 at bottom.
7. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.

TO: [NAME OF CITY] Date of Birth of Claimant

Name of Claimant: Occupation of Claimant

Home Address of Claimant City and State Home Telephone Number

Business Address of Claimant City and State Business Telephone Number

Give address and telephone number to which you desire notices or Communications to be sent regarding this claim: Claimant's Social Security No.

When did DAMAGES or INJURY occur?
Date: _____
Time: _____

Names of any city employees involved in INJURY or DAMAGE: _____

If claim is for Equitable Indemnity, give date claimant served with the compliant:
Date: _____

If claim is for contract or other type of claim, state date of contract or date when payment allegedly due.

Where did DAMAGES or INJURY occur? Describe fully and locate on diagram on reverse side of sheet. Where appropriate, give street names and addresses and measurements form landmarks: _____

Describe in detail how the DAMAGE or INJURY occurred: _____

Why do you claim the city is responsible? _____

Describe in detail each INJURY or DAMAGE. If claim is based on contract or other non-tort claim, specify the type of contract or basis of claim: _____

SEE PAGE TWO (OVER) THIS CLAIM MUST BE SIGNED ON REVERSE SIDE

The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages incurred to date (exact):

Damage to property	$ _____	Estimated prospective damages as far as known:	$ _____
Expenses for medical & hospital care	$ _____	Future expenses for medical & hospital care	$ _____
		Future loss of earnings	$ _____
Special damages	$ _____	Other prospective special damages	$ _____
General damages	$ _____	Prospective general damages	$ _____
Contract damages:	$ _____	Total estimates prospective damages	$ _____

Other damages claimed to date: $ _____

Total Damages incurred to date: $ _____

Total amount claimed as of date of presentation of this claim: $ _____

If you are making a claim for damages based upon contract or others claim governed by LHMC Ch. 1.22, please attach a copy of the contract or other documents on which your claim is based.

Was damage and/or injury investigated by police? _____ If so, what city? _____

Were paramedics or ambulance called? _____ If so, name city or ambulance: _____

If injured, state date, time, name and address of doctor of your first visit: _____

_____

WITNESSES to DAMAGE or INJURY: List persons and addresses of persons known to have information:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

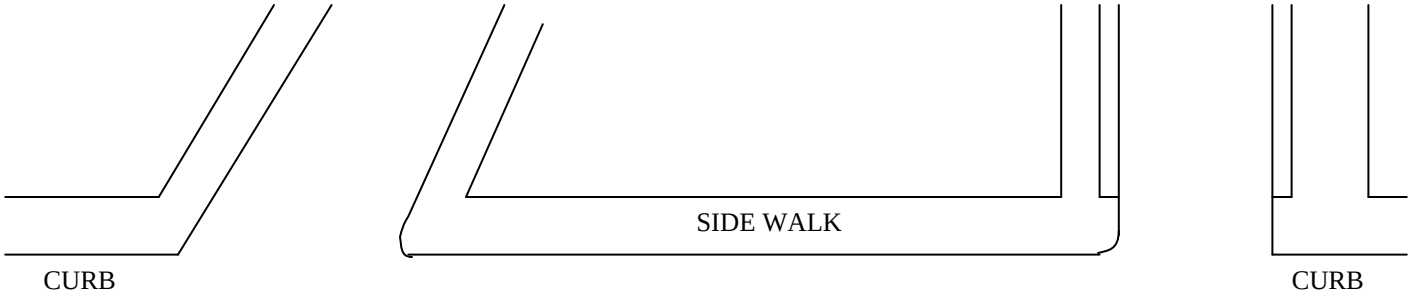
Name: _____ Address: _____ Phone: _____

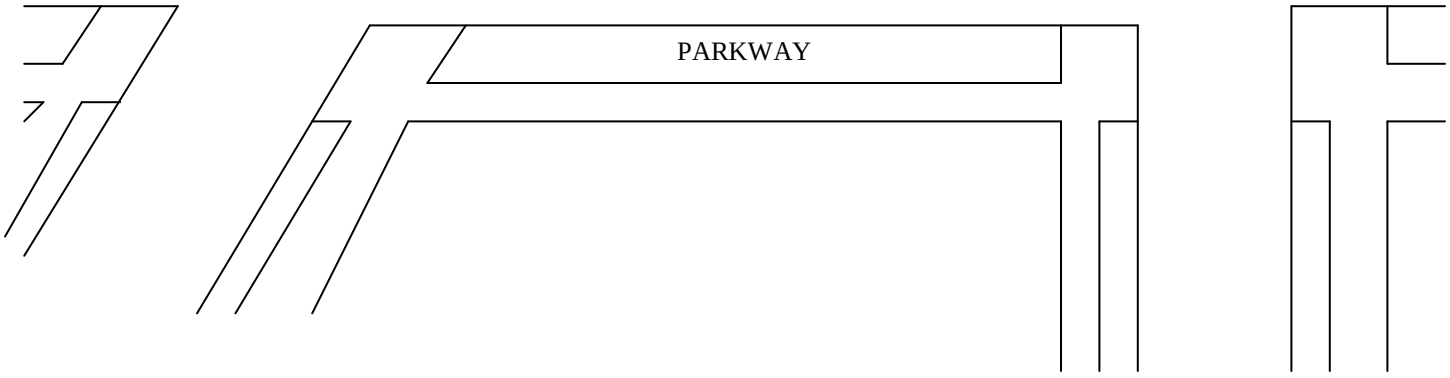
DOCTORS and HOSPITALS:

Hospital: _____ Address: _____ Date Hospitalized: _____

Doctor: _____ Address: _____ Date Hospitalized: _____

Doctor: _____ Address: _____ Date Hospitalized: _____





SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS BEHALF GIVING RELATIONSHIP TO CLAIMANT:

TYPED NAMED:

DATE:

_____