CITY OF AZUSA
CLAIM FORM
(For Damages to Persons or Personal Property)

For City Use Only.

CLAIM NO:_____

INSTRUCTIONS

Claim, against the City of Azusa for death, injury to person, or to personal property, must be filed with the City Clerk of the City of Azusa within 6 months after which the incident or event occurred. (Government Code §911.2.) Claims for damages to real property must be filed not later than 1 year after the occurrence. (Government Code §911.2)

Where space is insufficient, please use additional paper, identify the additional information by the same paragraph number as the claim, and sign each additional sheet. Submit estimates or receipts with the claim. Original completed and executed claims must be delivered or mailed to the City Clerk, City of Azusa, 213 E. Foothill Boulevard, Azusa CA 91702. No facsimile or e-mailed claims will be accepted. The contact number to call for additional information: (626)812-5233 or (626)812-5271.

TO: CITY OF AZUSA

CLAIMANT INFORMATION

1. Name of Claimant: _____

   Address: _____

   Telephone Number: _____ Age of Claimant: _____

2. Name, telephone number and mailing address to which claimant desires notices to be sent if other than above:

   _____

INFORMATION REGARDING THE INCIDENT

3. When/where did the DAMAGE or INJURY occur?

   Date: _____ Time: _____ Location: _____

   _____

4. How and under what circumstances did DAMAGE or INJURY occur? Give full particulars: _____

   _____

   _____

   _____

   _____

   _____

5. What particular act or omission by the City, or its employees, caused the alleged DAMAGE or INJURY? Give name(s) of City employee(s) causing the DAMAGE or INJURY if known:

   _____

   _____

   _____

   _____

   _____

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”

   _____

   _____

   _____

FINANCIAL INFORMATION

7. Amount claimed to date: $ _____

   Estimated future costs: $ _____

   Total amount claimed: $ _____

   Basis for computation of amount claimed (include copies of bills, invoices, estimates, receipts, etc.):

   _____

   _____

8. Name and address of witnesses, doctors and hospitals: _____

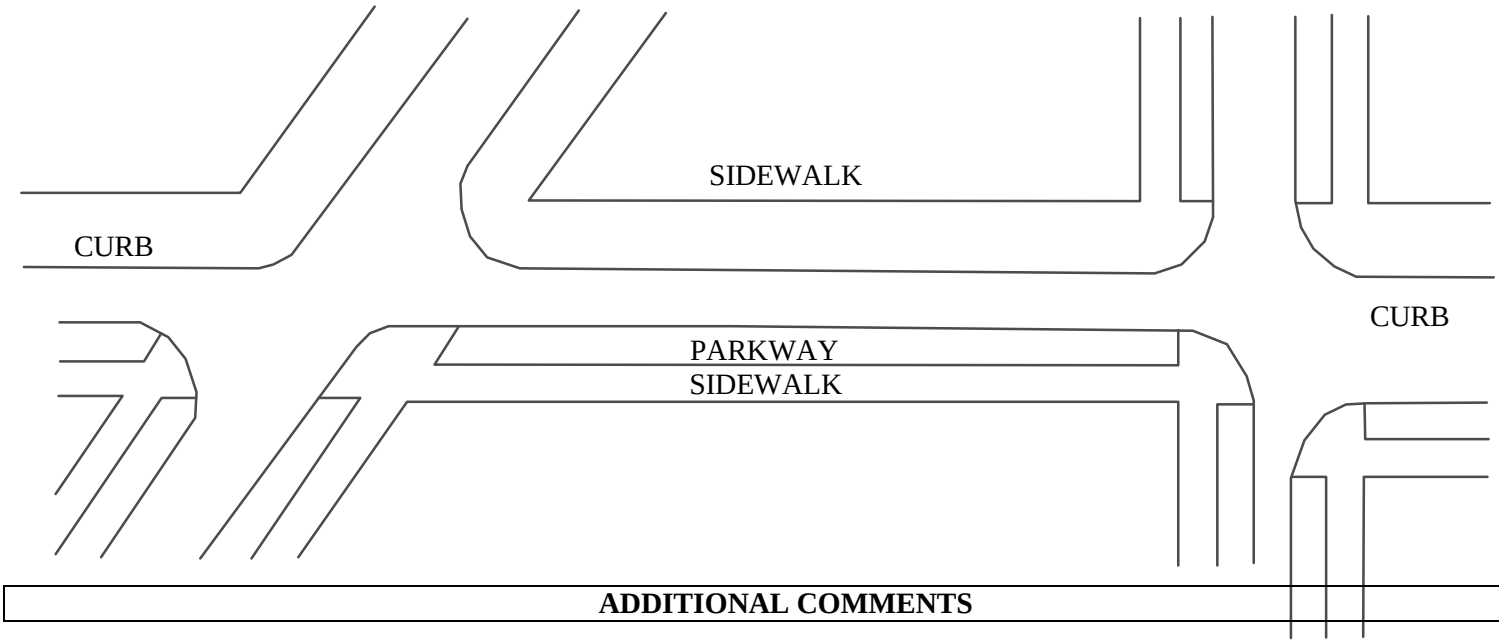
   _____

READ CAREFULLY

9. For all accident claims place on the following diagram names of streets, including North, East, South and West, and by showing house numbers or distances to street corners.
   If City vehicle was involved, designate by letter "A" location of City vehicle when you first saw it and by "B" location of yourself or your vehicle when you first saw the City vehicle. Indicate location of City vehicle at the time of the accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."

   Note: this diagram can also be used for other type of accidents that require a diagram. If this diagram does not fit the situation, attach hereto a proper diagram signed by the claimant.

ACCIDENTS



ADDITIONAL COMMENTS

10. Any additional information that might be helpful in considering this claim: _____

    _____

WARNING:IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (PENAL CODE §72; INSURANCE CODE §556.1)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon the information or belief 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 Signature