

**NOTICE OF CLAIM
AGAINST THE CITY OF PORT HUENEME, CALIFORNIA**
(Government Code § 910, 910.2)

[City Use Only]

Date and Time Filed with the City Clerk

Please read these instructions carefully: Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient. If more space is needed to provide requested information, attach additional pages and identify the item number. **Claims related to injury to person or damage to personal property must be presented to the City within six (6) months from the date of loss. Claims related to any other loss must be presented no later than one (1) year from the date of loss.** Return your completed form to: City Clerk, City of Port Hueneme, 250 N. Ventura Road, Port Hueneme, CA 93041.

PLEASE PRINT CLEARLY OR TYPE

1. Claimant's Name: _____ Date of Birth: _____ SSN: _____

Mailing Address: _____
(Street Number, Street, Apt. #, City, State, Zip Code)

Home Phone: (_____) _____ Daytime Phone: (_____) _____

2. Date, time, and location of incident, specified in as much detail as possible:

3. Description of the incident/accident that caused you to make this claim:

4. Specific injury, damages or other loss incurred:

5. Amount of money seeking to recover (Mark one of the boxes below):

- ☐ Amount claimed totals less than \$10,000 (enter the amount claimed here: \$_____)
☐ Amount claimed is more than \$10,000 but not over \$25,000 (jurisdiction rests in Municipal Court)
☐ Amount claimed is more than \$25,000 (jurisdiction rests in Superior Court)

6. How this amount was calculated (Itemize and attach bills, repair estimates, receipts, etc. If claim is for vehicle damage, obtain and attach two (2) repair estimates):

7. Basis for claiming that the City or City employee(s) are the cause of injury, damages or loss:

8. Name(s) of the City employee(s) who allegedly caused the injury, damages or loss (if known):

9. Name, address and phone number of witnesses who can substantiate your claim:

10. Any additional information that you believe might be helpful to the City in considering this claim:

11. All notices and communications with regard to this claim will be directed to the Claimant previously named above unless you complete the following to identify to whom further communication should be directed:

Name: _____ Relationship: _____

Mailing Address: _____
(Street Number, Street, Apt. #, City, State, Zip Code)

Home Phone: (_____) _____ Daytime Phone: (_____) _____

I/We, the undersigned, declare under penalty of perjury that I/we have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/we believe to be true.

Signature of Claimant or person presenting this claim on Claimant's behalf

Printed Name

Date Signed

WARNING: Penal Code Section 72 makes it a crime punishable by imprisonment to submit a "false or fraudulent claim" for payment to a city or public district, and Code of Civil Procedures Section 1038 authorizes the award of attorney fees against a claimant who brings a claim that is "not brought in good faith and with reasonable cause."