City Clerk Stamp

CLAIM AGAINST THE CITY OF SAN DIMAS
(For damages to Persons or Personal Property)

Received by _____ via ☐ US MAIL ☐ Inter-Office Mail ☐ Over the Counter

A claim must be filed with the City Clerk of the City of San Dimas within six (6) months after which the incident or event occurred. Be sure your claim is against the City of San Dimas, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number. Completed claims must be mailed or delivered to the City Clerk, the City of San Dimas, 245 E. Bonita Avenue, San Dimas, CA 91773-3002

TO THE HONORABLE MAYOR & CITY COUNCIL, THE CITY OF SAN DIMAS, CALIFORNIA

The undersigned respectfully submits the following claim and information relative to damage to persona and/or personal property:

1. Name of Claimant_____
a. Address of Claimant_____
b. Telephone Number (_____) _____ c. Date of Birth_____
d. Social Security No._____ e. Driver's License_____

2. Name, telephone and post office address to which claimant desires notices to be sent If other than above:_____
_____

3. Occurrence or event from which the claim arises:
a. Date_____ b. Time_____ a.m./p.m.
c. Place (exact & specific location)_____
_____

d. How and under what circumstances did damage or injury occur? Specify the particular occurrence, event, act or omission you claim caused the injury or damage (Use additional paper if necessary)_____
_____
_____

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

4. 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".

_____
_____
_____

5. Give the name(s) of the City employee(s) causing the damage or injury:

_____
_____
_____

6. Name and address of any other person injured:

_____
_____

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

_____
_____

8. Damages claims:
   a. Amount claimed as of this date: $_____
   b. Estimated amount of future costs: $_____
   c. Total amount claimed: $_____
   d. Basis for computation of amounts claimed (attach copies of all bills, invoices, estimates, etc.)

9. Names and addresses of all witnesses, hospitals, doctors, etc.
   a._____
   b._____
   c._____
   d._____

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 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's signature