



City of Placentia Claim Form for Damages

City Clerk Date Stamp:

Instructions:

1. Read the entire claim form and fill out all mandatory fields (* = mandatory) before filing (Government Code Section 910, 910.2).
2. If necessary, attach additional sheets to give full details.
3. Claim form must be signed by the claimant or representative on their behalf (Government Code Section 910.2).
4. Submit the original claim form by mail or in-person to City Hall at:

**City of Placentia, Attn: City Clerk
401 E. Chapman Avenue
Placentia, CA 92870**

Note: Claims for death, injury to person or to personal property must be filed no later than six (6) months after the occurrence. Claims for damages to real property must be filed no later than one (1) year after the occurrence (Government Code Section 911.2).

CLAIMANT INFORMATION			
*Last Name	*First Name	Date of Birth	
*Address	E-mail	*Phone Number	

<input type="checkbox"/> *Indicate if claim notices or communication should be sent to someone other than the claimant (e.g. attorney or insurance representative). If checked, complete the information below:		
*Name	*Relationship to Claimant	E-mail
*Address	*Phone Number	

CLAIM DETAILS	
*Date of Occurrence	*Time of Occurrence
	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
*Location where the damage or injury occurred (Be specific; use the diagram attached to this form and provide street names, addresses, and measurements for landmarks, if known)	
*How did the damage or injury occur? (Provide details; attach additional sheets if necessary)	

FOR OFFICIAL USE ONLY Received via: _____ U.S. Mail _____ Courier Delivery Service _____ Over the Counter

*What particular act or omission do you claim caused the damage or injury?		
*Name(s) of City employee(s) involved, if any		
*What damage or injury do you claim resulted?		
Were Paramedics on scene?	Were Police on scene?	If available, provide Police Report No.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Witnesses to damage or injury (List all persons known to have information; attach additional sheets if necessary)	
Name:	Name:
Address:	Address:
Phone:	Phone:
If injury, provide name, address, telephone, date & time of doctor(s) or hospital(s) visited	
Doctor:	Hospital:
Date/Time	Date/Time:
Phone:	Phone:
Address:	Address:

DAMAGES CLAIMED	
*If the amount claimed exceeds \$10,000.00, please indicate whether the claim would be a limited civil case (under \$25,000.00) or an unlimited civil case (over \$25,000.00).	
*If the amount claimed is less than \$10,000.00, please state:	
*Amount claimed as of this date:	\$
*Estimated amount of future costs:	\$
*Total amount claimed:	\$
*Basis for computation of amounts claimed. Include copies of all bills, invoices, repair estimates, etc. Attach additional sheets if necessary. All claims involving property damage must be accompanied by two (2) bona fide repair estimates.	

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS HEREINABOVE SET FORTH, INCLUDING ANY ATTACHMENTS, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THIS IS A PUBLIC DOCUMENT.

 *Signature of Claimant or Representative *Print Name *Date

Note: PRESENTATION OF A FALSE CLAIM IS A FELONY (CALIFORNIA PENAL CODE SECTION 72)

CLAIM FORM DIAGRAM

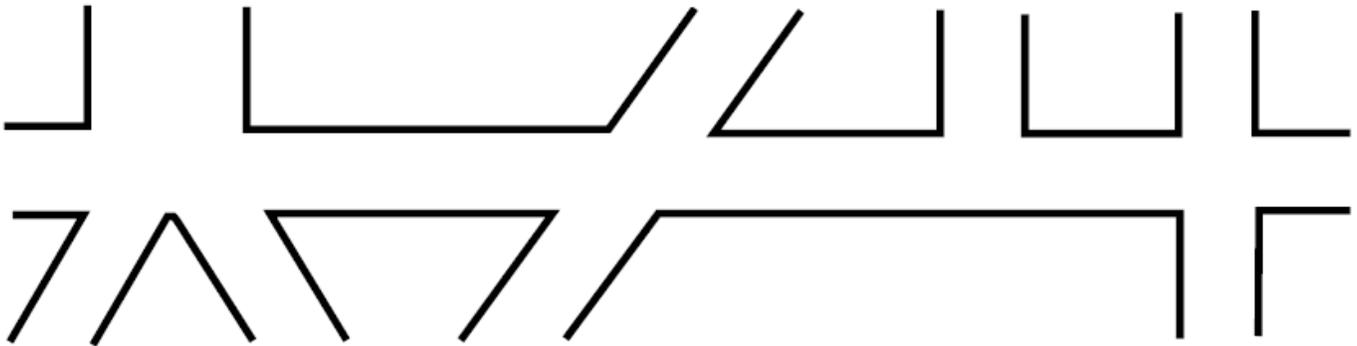
Please read carefully. All claims involving property damage must be accompanied by two (2) bona fide repair estimates.

For all accident claims, place the names of the streets including North, East, South, and West on the diagram; indicate place of accident by "X" and by showing house numbers or distances to street corners.

If a city vehicle was involved, designate the location of the vehicle when you first saw it by letter "A", and use "B" to designate the location of your vehicle when you first saw the city vehicle. At the time of the accident, use "A-1" to designate the location of the city vehicle and use "B-1" for your vehicle and "X" at the point of impact.

Note: If the diagrams below do not fit the situation, attach a paper diagram signed by the claimant.

FOR AUTOMOBILE ACCIDENTS



FOR OTHER ACCIDENTS

