

**CLAIM AGAINST THE CITY OF
TEMPLE CITY, CALIFORNIA**

INSTRUCTIONS:

1. Please read entire form before completing.
2. File claim with the City Clerk of the City of Temple City, 9701 Las Tunas Drive, Temple City, California 91780.
3. Claims for death, injury to person or to personal property must be filed not later than 180 days after the occurrence (Government Code Section 911.2).
4. Claims for damages to real property must be filed no later than one year after the occurrence (Government Code Section 911.2).
5. Be sure your claim is against the City of Temple City, not another public entity.
6. Where space is insufficient, please use additional paper and identify information by paragraph number.

TO THE HONORABLE MAYOR AND CITY COUNCIL
City of Temple City, California 91780

The undersigned respectfully submit the following claim and information relative to damage to person(s) and/or personal property:

1. NAME OF CLAIMANT _____
ADDRESS _____
TELEPHONE NO. (home) _____ (business) _____
SOCIAL SECURITY NO. _____ DATE OF BIRTH _____
DRIVER'S LICENSE NO. _____
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 _____ c. PLACE (exact and specific location)

- d. How and under which 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, if applicable:

- 6. Name and address or any other person injured:

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

8. Damages claimed:

a. Amount claimed as of this date \$ _____

b. Estimated amount of future costs _____

c. Total amount claimed

d. Basis for computation of amounts claimed (include copies of 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.

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

Office of the City Clerk
Temple City, California

Document No. _____

Filed: _____