Huntington Beach

CLAIM AGAINST THE CITY OF HUNTINGTON BEACH
(For Damages to Persons or Personal Property)

Received by _____ via:

U.S. Mail ❑
Inter-Office Mail ❑
Over the Counter ❑

File Number:_____

Time Stamp

A claim must be filed with the ***City Clerk*** of the City of Huntington Beach within six (6) months after which the incident or event occurred. Be sure your claim is against the City of Huntington Beach -- not another public entity. Where space is insufficient, please use additional paper and identify information by section. Completed claims must be mailed or delivered to:

City of Huntington Beach, *City Clerk*, 2000 Main Street, P.O. Box 190, Huntington Beach, California 92648

To the Honorable Mayor and City Council, The City of Huntington Beach, California

CLAIMANT INFORMATION

Name: _____

Address: _____

_____
City State Zip Code

Phone Numbers: Home: ( ) _____
Work: ( ) _____

Date of Birth: _____ Driver's License Number: _____

Name, telephone and post office address to which claimant desires notice to be sent if other than above:

_____

CLAIM INFORMATION

Occurrence or event from which claim arose: Date: _____ Time: _____

Place (exact & specific location): _____

_____

Specify how and under what circumstances did the particular occurrence, event, act or omission you claim caused the injury or damage occur. _____

_____

_____

_____

_____

What particular action, by the City or its employee(s), caused the alleged damage or injury? _____

_____

_____

_____

_____

Give a description of the injury/damage or loss known at the time of this claim. If there was no injury, state "No Injury". (If your claim involves a vehicle, include year, make and model): _____

_____

_____

Name/Address of any other person(s) injured: _____

_____

_____

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CLAIM INFORMATION (*Continued)*

Name/Address of the owner of any damaged property: _____

_____

_____

DAMAGES CLAIMED - LESS THAN $10,000

Amount claim as of this date: $ _____

Estimated Amount of Future Costs: $ _____

Total Amount Claimed: $ _____

Basis of computation of amounts claimed (include copies of all bills, invoices, receipts and estimates): _____

_____

_____

DAMAGES CLAIMED - MORE THAN $10,000

You must indicate court jurisdiction: Municipal: _____ Superior: _____

CLAIM INVESTIGATION

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

_____

Was this incident reported to a law enforcement agency? ❑ Yes ❑ No

If yes, which agency? _____

Police Report Number?: _____

Who reported it? _____

Names/Addresses of all witnesses, hospitals, doctors, etc. _____

_____

_____

_____

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 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 and 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