File With
City Clerk's Office
City of Stanton
7800 Katella Avenue
Stanton, CA 90630

CLAIM FOR MONEY OR DAMAGES AGAINST THE CITY OF STANTON

RESERVE FOR FILING STAMP CLAIM NO

A claim must be presented, as prescribed by the Government Code of the State of California, by the claimant or a person acting on his/her behalf and shall show the following

If additional space is needed to provide your information, please attach sheets, identifying the paragraph(s) being answered

1. Name and Post Office address of the Claimant

Name of Claimant

Post Office Address

2. Post Office address to which the person presenting the claim desires notices to be sent

Name of Addressee Telephone

Post Office Address

3. The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted

Date of Occurrence Time of Occurrence

Location

Circumstances giving rise to this claim

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of the presentation of the claim

5. The name or names of the public employee or employees causing the injury, damage or loss, if known

6. **If the amount claimed totals less than $10,000** The amount claimed if it totals less than ten thousand dollars ($10,000) as of the date of presentation of the claim, including the estimated amount

of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed.

Amount Claimed and basis for computation

If the amount claimed exceeds $10,000 If the amount claimed exceeds ten thousand dollars ($10,000), no dollar amount shall be included in the claim. However, it shall indicate whether the claim would be a limited civil case. A limited civil case is one where the recovery sought, exclusive of attorney fees, interest and court costs, does not exceed $25,000. An unlimited civil case is one in which the recovery sought is more than $25,000 (See CCP § 86)

☐ Limited Civil Case ☐ Unlimited Civil Case

You are required to provide the information requested above in order to comply with Government Code §910. Additionally, in order to conduct a timely investigation and possible resolution of your claim, the City/Agency requests that you answer the following questions

7. Claimant(s) Social Security Number(s)

8. Claimant(s) Date(s) of Birth

9. Name, address and telephone number of any witnesses to the occurrence or transaction which gave rise to the claim asserted

10. If the claim involves medical treatment for a claimed injury please provide the name, address and telephone number of any doctors or hospitals providing the treatment

If applicable, please attach any medical bills or reports or similar documents supporting your claim

11. If the claim relates to an automobile accident

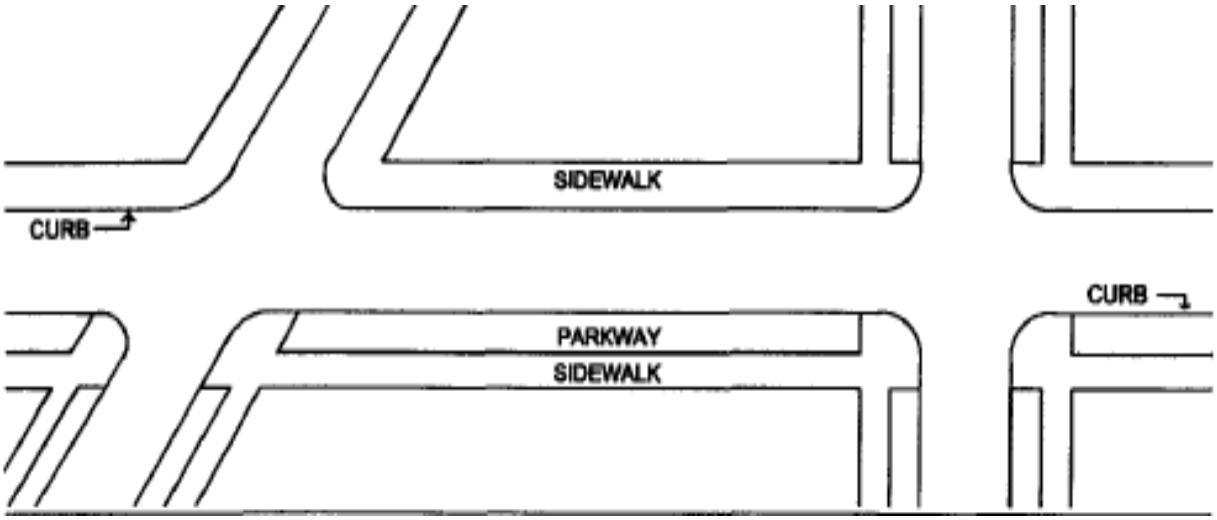
Claimant(s) Auto Ins. Co	Telephone
Address	
	Insurance Policy No
Insurance Broker/Agent	Telephone
Address	
Claimant's Veh Lic No	Vehicle Make/Year
Claimant's Drivers Lic No	Expiration

If applicable, please attach any repair bills, estimates or similar documents supporting your claim

READ CAREFULLY

For all accident claims, place on following diagram name of streets including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. If City/Agency Vehicle was involved designate by letter "A" location of City/Agency Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City/Agency Vehicle, location of City/Agency Vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

NOTE If diagrams below do not fit the situation attach hereto a proper diagram signed by claimant.



Warning Presentation of a false claim is a felony (Penal Code §72). Pursuant to CCP §1038, the City/Agency may seek to recover all costs of defense in the event an action is filed which is later determined not to have been brought in good faith and with reasonable cause.

Signature Date