



CITY OF SAN MARINO CITY CLERK'S OFFICE

2200 Huntington Drive, San Marino, CA 91108
Phone: (626) 300-0705
Email: CityClerk@CityofSanMarino.org

OFFICE USE ONLY

CLAIMS FOR DAMAGES TO PERSONS OR PROPERTY

INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed no later than six (6) months after the occurrence (Gov. Code Sec. 911.2).
2. Claims for damages to real property must be filed no later than one (1) year after the occurrence (Gov. Code Sec. 911.2).
3. Read the entire claim before filing. Attach separate sheets, if necessary, to give full details. Please **print or type** your information.
4. Pursuant to the Public Records Act, the submitted claim is subject to public disclosure.
5. This claim must be signed and dated on page 2 at the bottom.

Claimant Information

Name of Claimant: _____
(First Name) (Middle Initial) (Last Name)

Home Address: _____ Date of Birth: _____
 City, State, Zip: _____ CA Driver's License#: _____
 Daytime: _____ Evening: _____ Cell: _____

Claim Information

Type of Loss: Personal Injury Other: _____ Police Report #: _____
 Property Damage

When did injury or damage occur? _____ AM/PM
(Month/Day/Year) (Day of Week) (Time)

Where did injury or damage occur? (Street address, intersecting streets, or other location)

How did injury or damage occur? (Describe accident or occurrence)

What action or inaction on the part of the City caused the injury or damage?

Describe in detail the injury or damage:

Witnesses to injury or damage. List all persons and addresses of persons known to have information.

| | | |
|--------|-----------|----------------|
| (Name) | (Address) | (Phone Number) |
| (Name) | (Address) | (Phone Number) |

Name(s) of City employee(s) involved:

Financial Information

Amount claimed as of this date: \$ _____
 Estimated amount of future costs: \$ _____
 Total amount claimed: \$ _____

NOTE: Please attach copies of supporting documentation for the amounts claimed.

If claim relates to an automobile accident, please answer the following and attach proof of insurance:

Please check here if there was no insurance coverage in effect at time of incident
 Insurance Policy #: _____ Insurance Company: _____
 Insurance Broker/Agent: _____
 Address: _____ Phone: _____

CERTIFICATION OF CLAIMANT

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 the 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.

Signature: _____ Date: _____

NOTE: CLAIMS MUST BE FILED IN THE CITY CLERK'S OFFICE (Gov. Code Sec. 915A)

PRESENTATION OF A FALSE CLAIM IS A FELONY (Pen. Code Sec. 72)