

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

INSTRUCTIONS:

1. READ ENTIRE CLAIM BEFORE FILING.
2. THIS CLAIM FORM MUST BE SIGNED AT THE BOTTOM.
3. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS. SIGN EACH SHEET.
4. CLAIM MUST BE FILED WITH THE CITY CLERK, 200 CIVIC CENTER WAY, EL CAJON, CALIFORNIA 92020.

To the Honorable City Council
City of El Cajon, California

Attention: City Clerk

The undersigned hereby presents the following claim to the City of El Cajon, in accordance with the laws of the State of California.

1. Name of claimant:

2. Home address of claimant:

Home Telephone Number:

Business Address of Claimant:

Business Telephone Number:
3. Give address to which you desire notices or communications to be sent regarding this claim.
4. How did damage or injury occur? Give full particulars.

5. When did damage or injury occur? Give full particulars, date, time of day, etc.

6. Where did damage or injury occur? Describe fully and attach diagram where appropriate. Give street names and addresses and measurements from landmarks.

Claim for Damages

Page 2

7. What particular act or omission do you claim caused the injury or damage?

8. What damage or injury do you claim resulted? Give full extent of injuries or damages claimed.

9. Names of physicians, hospitals, etc.:

10. What amount do you claim on account of each item of injury or damage as of date of presentation of this claim, giving basis of computation?

11. Give estimated amount, as far as known, you claim on account of each item of prospective injury or damage, giving basis of computation.

12. Insurance payments received, if any, and names of insurance company.

13. Expenditures made on account of accident or injury (Date – Item – Amount).

14. Name and address of witnesses, doctors and hospitals:

I declare under penalty of perjury that I have read the foregoing claim and the papers attached thereto, and that the same are true and correct to the best of my knowledge.

Date: _____

Claimant or agent

Address of above

Telephone number of above