NOTICE OF CLAIM
CITY OF SEAL BEACH, CALIFORNIA
(Government Code § 910, 910.2)

INSTRUCTIONS *(Please read carefully):*
Claims related to injury to person or damage to personal property must be presented to the City within 6 months from the date of loss. Claims related to any other loss must be presented not later than one year from the date of loss. Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient. If more space is needed to provide requested information, please attach additional pages identifying paragraphs(s) being answered.

TO: Office of the City Clerk
City of Seal Beach, City Hall
211 Eighth Street
Seal Beach, CA 90740

____
Date and Time Filed with the City Clerk
[City Use Only]

1. Claimant's Name: ____________________________________

Date of Birth:__________________ Daytime Phone: (_____)______________

2. Claimant's Mailing Address:

____
Street Number Street (Apt #) City State Zip Code

3. Claimant's Social Security #________________Home Phone: (______)______________

4. Date of Loss: _____________________ Time of Loss: _____________________

5. Location of Loss: (Specify in as much detail as possible.)

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6. Description of incident/accident, which caused you to make this claim:

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7. What specific injury, damages or other losses did you incur?

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8. What is your basis for claiming that the City or City employee(s) are the cause of your injury, damages or loss?

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CLAIM MUST BE SIGNED ON LAST PAGE

9. What amount of money are you seeking to recover? (Check one of the boxes below)

[ ] The amount claimed totals less than $10,000. Enter the amount claimed here: $________________

[ ] The amount claimed is more than $10,000 but not over $25,000; Limited Jurisdiction of Superior Court.

[ ] The amount claimed is more than $25,000; jurisdiction rests in Superior Court.

10. How was this amount calculated? (Itemize and attach bills, repair estimates, receipts, etc.; if claim is for vehicle damage, obtain and attach two (2) repair estimates):

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11. What are the name(s) of the City employee(s) whom you allege caused your injury, damages or loss, if known?

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12. Name, address, and phone number of any witnesses who can substantiate your claim:

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13. Any additional information that you believe might be helpful in considering this claim:

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14. All notices and communications with regard to this claim will be directed to the Claimant shown in lines 1 and 2 above unless you complete the following to identify to whom further communication should be directed:

Name: ____________________________________ Relationship: ___________________

Address: ____________________________________ State: ______ ZIP: ________________

Daytime Phone: (_____)_________________ Home Phone: (_______)__________________

I/We, the undersigned, declare under penalty of perjury that I/we have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/we believe to be true.

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Claimant Printed Name Claimant Signature Date Signed

____

Printed Name Signature Date Signed

(Note: If someone files the claim on behalf of the claimant, the person should sign above.)

<u>WARNING:</u> Penal Code Section 72 makes it a crime punishable by imprisonment to submit a "false or fraudulent claim" for payment to a city or public district, and Code of Civil Procedures Section 1038 authorizes the award of attorney fees against a claimant who brings a claim that is "not brought in good faith and with reasonable cause."

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