



CITY OF MONTEBELLO CLAIM FORM

For Official Use Only

◆◆◆◆ PLEASE READ INSTRUCTIONS ON OTHER SIDE FIRST ◆◆◆◆

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

Home Address _____ Date of Birth _____

City, State, Zip _____ Soc. Security # _____

Daytime () _____ Evening () _____ Cell/pager () _____ CA Driver's Lic# _____

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

Property Damage Indemnity-Date complaint served _____

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 of City employee(s) caused your injury or damage?

What injury or damage did you suffer?

Name of any witnesses

(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

Name of City employee(s) involved, if applicable? _____

Is Total Amount of Claim Greater than \$10,000 Yes ___ No ___ If YES, is this a Limited Civil Case Yes ___ No ___

If NO, state the amount claimed: Personal Injury \$ _____ Property Damage \$ _____ Other \$ _____

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 () _____

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name (Mr./ Mrs./ Ms.) _____ Daytime Phone () _____

Address (Street, City, State, Zip) _____

Email Address _____

Warning: California State Law generally requires that most claims against a public entity, such as the City of Montebello, be presented within **SIX (6) MONTHS** from the date of the action or incident giving rise to the claim. Certain other claims must be filed within **ONE (1) YEAR** from the action or incident. You should check the Government Code to determine what presentation period applies in your case.

Signature

Relationship (self, attorney, guardian, etc.)

Date

CLAIM AGAINST THE *CITY OF MONTEBELLO*

INSTRUCTIONS

Claim against the City of Montebello. The original and one identical copy of this form, together with one copy of all attachments, are to be filed with the City Clerk's Office. **Retain one copy for your records.** Please send to this address:

City of Montebello
1600 W Beverly Blvd
Montebello, CA 90640

NOTICE: The City Clerk's Office is the **ONLY** office to which claims may be submitted! Claims are **NOT** to be sent to the City Attorney! or any other City Department! *as this will not be considered substantial compliance with the claims presentation requirements in the Government Tort Claims Act.*

Please fill out claim form completely. Additional sheets may be attached if more space is needed. Missing information may delay the processing of your claim. Please print.

PROCEDURES

Claims received by the City Clerk's Office are forwarded to the *Claims Administrator*. *All claimants are then notified about any future action taken on the claim presented.*

If recommended for rejection by the Claims Administrator, you will be sent a letter from the Claims Administrator notifying you of the action taken and of any further action necessary or available to you.

***** All claims are public record subject to the California Public Records Act *****