

CLAIM AGAINST THE CITY OF SIGNAL HILL
(For damages to Persons or Personal Property)

Time Stamp

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Over the Counter

A claim must be filed with the Director of Finance of the City of Signal Hill within 180 days after which the incident or event occurred. Be sure your claim is against the City of Signal Hill, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number. Completed claims must be mailed or hand-delivered to the Director of Finance, City of Signal Hill, 2175 Cherry Avenue, Signal Hill, California, 90755.

To the Honorable Mayor and City Council of the City of Signal Hill, the undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

1. Name of Claimant: _____

a. Address of Claimant: _____

b. Phone Number _____ Alt. Phone Number _____

c. Birth Date _____ d. SSN _____ e. Driver's License # _____

2. Name & address claimant desires notices to be sent if other than above:

3. Occurrence or event from which the claim arises:

a. Date: _____ b. Time: _____

c. Place (exact & specific location): _____

d. How and under what circumstances did damage or injury occur? Specify the particular occurrence, event, act or omission you claim caused the injury or damage. Use additional paper if necessary.

e. What particular action by the City, or its employees, caused the alleged damage or injury?

4. Give a description of the injury, property damage or loss, so far as it is known at the time of this claim. If there were no injuries, state "no injuries".

5. Give the name(s) of the City employee(s) causing the damage or injury:

6. Name & address of any other person injured:

7. Name & address of the owner of any damaged property:

8. Damages Claimed:

a. Amount claimed as of this date: _____

b. Estimated amount of future costs: _____

c. Total amount claimed: _____

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc):

9. Names and addressess of all witnesses, hospitals, doctors, etc.:

a. _____

b. _____

c. _____

10. Any additional information that might be helpful in considering this claim:

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (Penal Code Section 72; Insurance Code Section 556.1)

I have read thematters 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 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.

SIGNED THIS _____ DAY OF _____, 20____ AT _____

Claimant's Signature