



CITY OF GARDEN GROVE

CLAIM FOR DAMAGES

To Persons or Property

Claim No. _____

FILE WITH:

City Clerk's Office
11222 Acacia Parkway
P.O. Box 3070
Garden Grove, CA 92842-3070

For Official Use Only

A claim must be filed with the City Clerk of the City of Garden Grove within six months after which the incident or event occurred. Be sure your claim is against the City of Garden Grove, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number.

To City of Garden Grove, California:

CLAIMANT INFORMATION

1. NAME: _____
(Last) (First) (Middle)

2. HOME ADDRESS OF CLAIMANT: _____
(Number, Street, Apt, etc.)

(City and State) (Zip)

3. PHONE NUMBER: _____ ALT. PHONE NUMBER _____

4. DATE OF BIRTH: _____

5. SOCIAL SEC. NO. (If you are seeking medical damages): _____

6. NAME, ADDRESS, AND TELEPHONE TO WHICH CLAIMANT DESIRES NOTICES TO BE SENT, IF OTHER THAN ABOVE.

NAME: _____

ADDRESS: _____
(Number, Street, Apt, etc.) (City and State) (Zip)

PHONE NUMBER: _____

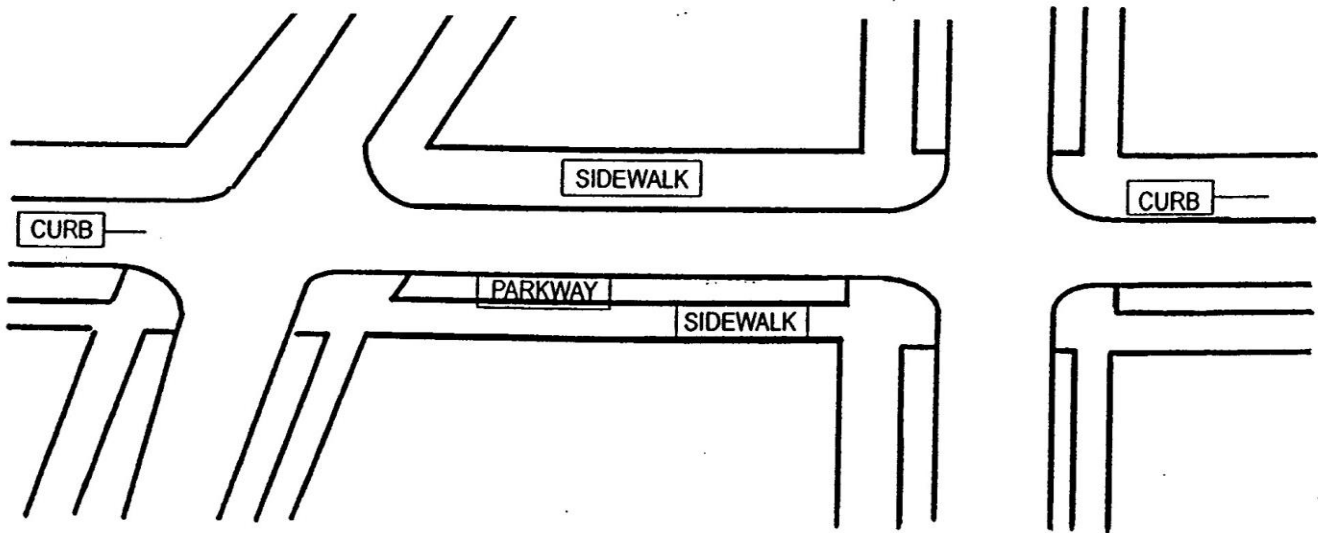
CLAIM INFORMATION

7. Occurrence or event from which claim arises:

DATE: _____ TIME: _____

LOCATION (exact and specific location):

For all accident claims, complete the diagram showing the direction and position of autos or property involved. Please identify street names, vehicle/pedestrian location, are of impact, etc., and indicate where North is on the diagram. Note: if the diagram below does not fit the situation, attach hereto a proper diagram signed by claimant.



8. 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.)

9. WHAT PARTICULAR ACTION BY THE CITY, OR ITS EMPLOYEES, DO YOU CLAIM CAUSED THE DAMAGE OR INJURY? (USE ADDITIONAL PAPER IF NECESSARY.)

10. GIVE A DESCRIPTION OF THE INJURY, PROPERTY DAMAGE, OR LOSS, SO FAR AS IS KNOWN AT THE TIME OF THIS CLAIM. IF THERE WERE NO INJURIES, STATE "NO INJURIES": (USE ADDITIONAL PAPER IF NECESSARY.)

11. GIVE THE NAME(S) OF THE CITY EMPLOYEE(S) CAUSING THE DAMAGE OR INJURY, IF KNOWN:

[Empty text box for question 11]

12. NAME(S) AND ADDRESS(ES) OF ANY OTHER PERSON(S) INJURED:

[Empty text box for question 12]

13. NAME, ADDRESS AND PHONE NUMBER OF ANY AND ALL WITNESSES KNOWN:

[Empty text box for question 13]

14. ANY ADDITIONAL INFORMATION THAT MAY ASSIST US IN EVALUATING YOUR CLAIM:

[Empty text box for question 14]

DAMAGES CLAIMED

15. a. If the amount claimed is less than \$10,000:

Amount claimed to present: \$ _____

Estimated amount of any prospective damage/injury/loss: \$ _____

TOTAL AMOUNT CLAIMED: \$ _____

b. If the amount claimed exceeds \$10,000, would the case be a limited civil case (\$25,000 or less)?

Yes No

c. Basis of computation of the amount of damages (Please attach any estimates and/or receipts):

[Empty text box for question 15c]

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM

Section 72 of the Penal Code States: "Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine, or by imprisonment pursuant to subdivision (h) of Section 1170, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine."

I declare under penalty of perjury that the foregoing is TRUE and CORRECT.

Signature of Claimant or Claimant's Representative

Date