

**OFFICE of the CITY CLERK**

1700 WEST 162nd STREET / GARDENA, CALIFORNIA 90247-3732 / WWW.CITYOFGARDENA.ORG / PHONE (310) 217-9565

CLAIM AGAINST THE CITY OF GARDENA**(For Damages, Injury or Loss)**

A claim must be filed with the **City Clerk** of the City of Gardena within six (6) months after the incident or event occurred. Be sure your claim is against the City of Gardena-- not another public entity. Where space is insufficient, please use additional paper and identify information by section. Completed claims must be mailed or delivered to:

City of Gardena, City Clerk, 1700 W. 162nd Street, Gardena, California 90247

To the Honorable City Clerk and City Attorney, The City of Gardena, California

CLAIMANT INFORMATION

- 1) Name: _____
- 2) Address: _____

City State Zip Code
- 3) Phone Numbers: Home: () _____ 4) Email: _____
Work: () _____
- 5) Date of Birth: ____/____/____ 6) Driver's License Number: _____
- 7) Name, phone number and address to which claimant desires notice to be sent if other than above:
Name: _____ Phone Number: _____ Address: _____
- 8) Preferred method to receive correspondence: ☐ Email ☐ U.S. Mail

CLAIM INFORMATION

- 1) **WHEN** did damage, injury or loss occur (exact date and time): Date: _____ Time: _____
- 2) **LOCATION** (exact & specific city location): _____

- 3) Specify under what **CIRCUMSTANCES** did the particular occurrence, event, act or omission you claim caused the injury or damage occur (in full detail): _____

- 4) **WHAT** particular action, by the City or its employee(s), caused the alleged damage, injury or loss? _____

- 5) Give a **description of the injury/damage or loss** known at the time of this claim. If there was no injury, state "No Injury". (If your claim involves a vehicle, include year, make and model): _____

- 6) Please list any other person(s) injured:
Name: _____ Address: _____
Injury: _____

DAMAGES CLAIMED

Amount (Including future costs): \$ _____.

(Above is the amount claimed at present, including estimated amount of any prospective injury or loss insofar as known and basis for determination. If the amount is greater than \$10,000, specific dollar amount need not be included; however, you **must** indicate whether dollar amount is more or less than \$25,000)

CLAIM INVESTIGATION

1) Provide the name of the City employee(s) causing the damage or injury (if any):

2) Was this incident reported to a law enforcement agency? ☐ Yes ☐ No

If yes, which agency? _____

3) Incident/Police Report Number? _____

4) Witnesses (if any):

Name: _____ Address: _____

Name: _____ Address: _____

5) Additional information that might be helpful in considering this claim (hospitals, doctors, etc.):

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM Penal Code §72 and § 148.6(b)

I have read the matters and statements 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 and 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 _____ a.m.
p.m.

SIGNATURE of Claimant or person acting on Claimant's behalf

FOR OFFICE USE ONLY

Received by _____ via:

☐ Mail

☐ Inter-Office Mail

☐ Over the Counter

☐ City Manager

☐ City Attorney

Assigned Claim Number: _____ (For City Attorney's Office Only)