



CLAIM FOR DAMAGES

Received by: _____ Time Stamp: _____

Via: U.S. Mail Post mark on envelope _____ Over the Counter

INSTRUCTIONS:

- A. Original Claim must be filed via U.S mail or via in-person delivery to the City of Del Mar, City Clerk's Office, 1050 Camino Del Mar, Del Mar, CA 92014.
- B. Claims for death, injury to person or personal property must be filed no later than six months from the date of occurrence and claims for damages to real property must be filed no later than one year from the date of occurrence. (Government Code §911.2).
- C. Read and complete the entire claim form before filing, claims that are missing legally required information will be rejected.
- D. Attach separate sheets, if necessary, to give full details.
- E. This form is for the convenience of those desiring to present claims against the City. Claimant is advised to consult a private attorney if legal advice is desired. No employee of the City may give legal advice to any claimant relating to private claims.
- F. If you want a copy of your claim or any attachments, please have copies made prior to filing your claim with the City. The City is not obligated to provide you with a copy.
- G. If you have questions while completing this form, please contact Jay Lipscomb at (858) 704-3657.

1. Name of Claimant: _____ **Date of Birth:** ____ / ____ / ____

Social Security Number: ____ - ____ - ____ **Driver License Number:** _____

Phone Number: Home: _____ **Work:** _____ **Mobile:** _____

Address of Claimant: _____

City: _____ **State:** ____ **Zip Code:** _____

Email Address of Claimant: _____

2. Name, Address, and Phone Number where Claimant would like notices to be sent (if other than above):

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

3. When did the damage or injury occur? Date: _____ Time: _____ AM PM

4. What was the exact or specific location where the damage or injury occurred?

5. What happened and why do you think the City is responsible? (Attach additional pages if needed):

6. Name and position of responsible City employee(s), if known?

7. Witnesses: (Please provide names, addresses, and phone numbers)

8. Damages Claimed:

1) If your claim does not exceed ten thousand dollars (\$10,000), state the basis of your computation of the amount claimed. (Attach supporting medical bills, invoices, repair estimates, etc.)

a) Amount claimed as of this date: \$ _____

b) Estimated amount of future costs: \$ _____

c) Total amount claimed (a + b): \$ _____

2) If your claim exceeds \$10,000, Government Code §910(f) requires that you indicate whether or not your claim is a "limited civil case". Check one:

- The total claim does not exceed \$25,000. This is a limited civil case.
- The total claim exceeds \$25,000. This is not a limited civil case.

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

I HAVE READ THE MATTERS AND STATEMENTS MADE IN THE ABOVE CLAIM AND 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 _____

Signature of claimant or authorized representative