



CITY OF HUNTINGTON PARK
6550 Miles Avenue, Huntington Park, CA 90255
Claim for Damage

City Clerk Stamp Here

INSTRUCTIONS:

Read entire claim before completing form, and execute Certificate of Claimant on reverse side. File with the City Clerk within six months following accident.

Claimant's Name:

Telephone:

Address:

Address to which the person presenting claim desires notice to be sent:

Date of Incident:

Time:

a.m. () p.m. ()

Location of Incident. (Be Specific as to exact location.)

Circumstances of the occurrence or transaction which gave rise to the claim asserted.
(Use additional sheets, if necessary).

Indebtedness, obligation, injury, damage, or loss incurred, so far as known at this time.

Name(s) of public employee(s) causing the injury, damage, or loss, if known.

The amount claimed, including estimated amount of any prospective injury, damage or loss, together with your computation of such amount.

Names and addresses of witnesses, doctors, and hospitals:

CERTIFICATE OF CLAIMANT

I certify that I am the claimant (or the person authorized by the claimant to execute this claim on his behalf.) I have read and fully understand the foregoing claim for damage, including all matter appearing on both sides of this sheet and upon all sheets attached hereto which bear my signature; and I hereby make the following declaration, under penalty of perjury, in support of said claim:

- 1) Said claim contains a complete and accurate description of the indebtedness, obligation, damage, loss, or injury, insofar as the facts are now known to me.
- 2) All matter set forth in said claim is true of my own knowledge except such matter as is stated upon information or belief; and as to such matter, I believe it to be true.
- 3) The names and addresses of all witnesses have been accurately listed herein, insofar as they are now known to me.

I hereby make claim against the City of Huntington Park as herein set forth, believing it to be a just and lawful claim, and further declare that no part of the amount claimed herein has heretofore been presented, allowed, or paid.

Signature:

Dated:

Print Name:

Address:

City, State, Zip:

Telephone Number: (Home)

(Business)

Important Notes:

Government Code Section 810, et. Seq. and Section 911.2 require all claims to be presented in complete written detail, by the claimant or some person on his behalf, not later than six months following the date upon which the claimed personal injury or property damage occurred. Presentation of a false claim is a felony (Penal Code Section 72).

Ord 624-NS, eff. Dec 15, 1999, City shall take action upon any claim subject to the requirements of the above within forty-five (45) days after claim has been presented.

Please submit this form completed, w/ signatures and any supporting documentation via email to hpcityclerk@hpcgov