

CITY CLERK'S OFFICE
City of Bell Gardens
Claim for Damages Form

Please mail or hand deliver the original signed form to:

Address: City Clerk's Office
7100 S. Garfield Ave
Bell Gardens, CA 90201

COPIES AND FAXES ARE NOT ACCEPTED

Hours: 7:30am – 6:00pm, Monday – Thursday
Phone: (562) 806-7706

****Please make a copy for your records.**

If you would like to check the status of your submitted form, please contact the personnel department at (562) 806-7700.

CLAIM FOR DAMAGES

TO PERSONS OR PROPERTY

RESERVE FOR FILING STAMP

Claim No. _____

INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than 6 months after the occurrence. (Gov. Code Sec. 911.2)
2. Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code Sec. 911.2)
3. Read entire claim before filing.
4. See page 2 for diagram upon which to locate place of accident.
5. This claim form must be signed on page 2 at bottom.
6. Attach separate sheets, if necessary, to give full details. **SIGN EACH SHEET.**
7. Claim must be filed with City Clerk. (Gov. Code Sec. 915a)

To: **The City of**

Name of Claimant

Age of Claimant (if natural person)

Home Address of Claimant

City and State

Home Telephone Number

Business Address of Claimant

City and State

Business Telephone Number

Give address to which you desire notices or communications to be sent regarding this claim:

How did DAMAGE or INJURY occur? Give full particulars.

When did DAMAGE or INJURY occur? Give full particulars, date, time of day:

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet, where appropriate, give street names and addresses and measurements from landmarks:

What particular ACT or OMISSION do you claim caused the injury or damage? Give names of City employees causing the injury or damage, if known:

What DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damages claimed:

What AMOUNT do you claim on account of each item of injury or damage as of date of presentation of this claim, giving basis of computation:

Give ESTIMATED AMOUNT as far as known you claim on account of each item of prospective injury or damage, giving basis of computation:

Insurance payments received, if any, and names of Insurance Company:

Expenditures made on account of accident or injury: (Date - Item)

Name and address of Witnesses, Doctors and Hospitals:

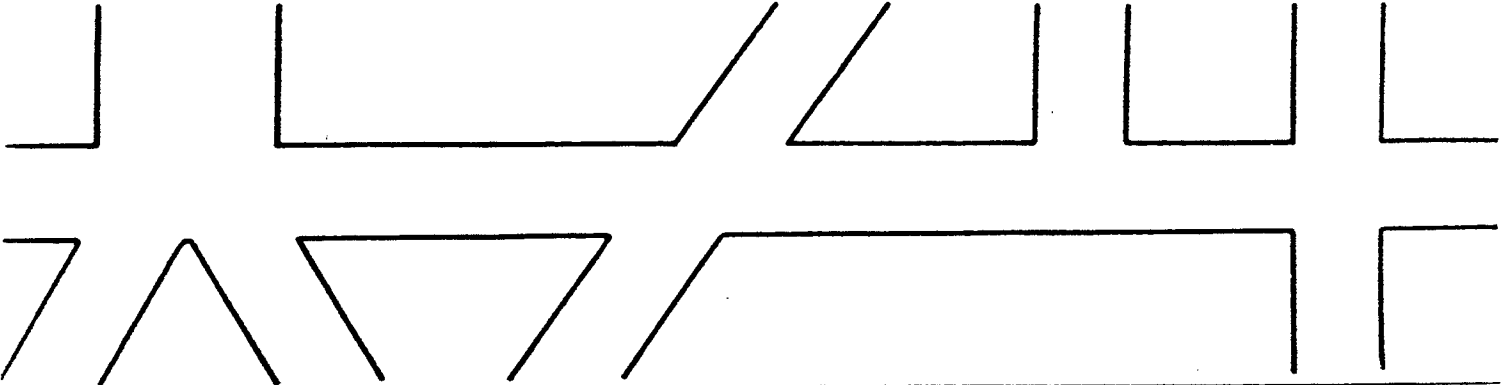
READ CAREFULLY

For all accident claims place on following diagram names of streets including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners.

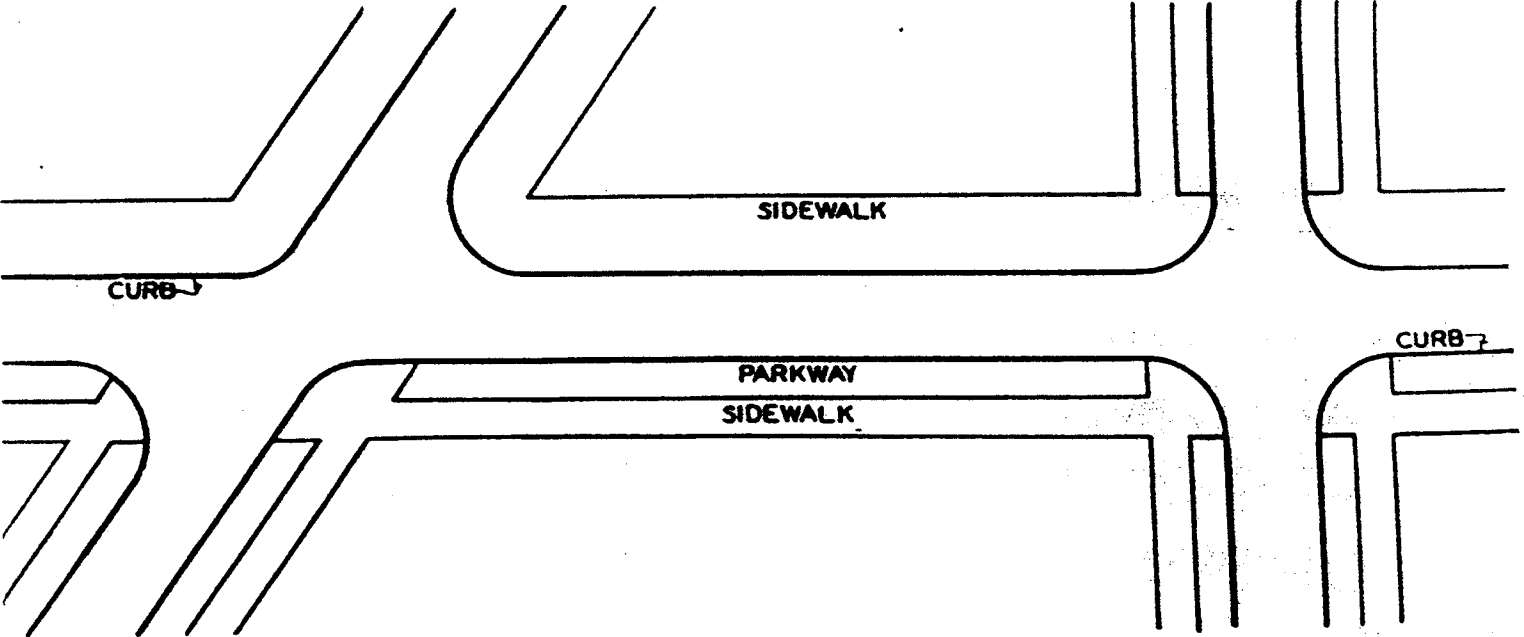
If City Vehicle was involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.

FOR AUTOMOBILE ACCIDENTS



FOR OTHER ACCIDENTS



Signature of Claimant or person filing on his behalf giving Relationship to Claimant:

Typed Name:

Date: