

CITY OF PALMDALE CLAIM FORM

(Please read the instructions before completing this form)

1) Claim Against (Name of Entity): _____

2) Name of Claimant: _____

3) Claimant's Date of Birth: _____

4) Daytime Telephone #: _____ Evening Telephone #: _____

5) Claimant's Address:

6) Address where notices about claim are to be sent if different than above:

7) Date of Incident/Accident: _____ Date Injuries/Damages/Losses Discovered:

8) Location of Incident/Accident:

9) Describe circumstances of incident/accident. Be specific as to what happened. Attach all supporting documentation such as photographs, diagrams/sketches, police reports, etc.

10) Provide the names, addresses and telephone numbers of other persons involved in the accident/incident. If none, please state so.

11) Provide the names, addresses and telephone numbers of witnesses to the accident/incident.
If none, please state so.

12) What specific injuries, damages, or losses did claimant incur?

13) What did the entity or its employees do to cause these injuries, damages, or losses? Provide names of employees involved if known. If names of employees are not known, state so.

14) Total sum claimant is seeking, including known and projected damages. For claims under \$10,000, indicate exact amount and how calculated. For property damage claims, please attach at least two (2) estimates for repairs or replacement. For claims \$10,000 or more, indicate the applicable court jurisdiction (limited civil or unlimited civil).

WARNING: It is a criminal offense to file a false claim. (See California Penal Code § 72)

Date: _____ **Claimant's Signature:** _____

Claimant Representative Information

Representative's Name: _____

Relationship to Claimant: _____

Address: _____

Telephone #: _____

Date: _____ **Representative's Signature:** _____

INSTRUCTIONS

1. A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be filed not later than six months after the accrual of the cause of action. (See California Government Code § 911.2)
2. A claim relating to any other cause of action shall be filed not later than one year after the accrual of the cause of action. (See California Government Code § 911.2)
3. Please type or print.
4. Please fill out this form in its entirety and in as much detail as possible. If additional space is needed, attach additional pages identified with claimant's name and date of occurrence. Also indicate the question number(s) being responded to. Failure to provide sufficient information could delay the processing of your claim and may cause your claim to be returned. (See California Government Code § 910.8)
5. The completed claim form must be signed by the claimant or by some person submitting this form on the claimant's behalf. (See California Government Code § 910.2)
6. Please submit a copy of all documentation that supports your claim with this claim form.
7. The claimant should retain a copy of the completed and signed claim form.
8. The original completed and signed claim form must be filed with the Palmdale City Clerk. Copies will not be accepted. The claim form can be submitted in person at, or mailed to, the following address:

City Clerk
City of Palmdale
38300 Sierra Highway
Suite C
Palmdale, CA 93550

Claims submitted by facsimile will not be accepted. (See California Government Code § 915(a))

Office hours for the Palmdale City Clerk are as follows:

Monday - Thursday 7:30 a.m.– 6:00 p.m.
Friday - CLOSED

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AFTER YOUR CLAIM IS FILED

1. Any amendments to your claim must be submitted to the Palmdale City Clerk. (See California Government Code § 910.6)
2. A response to your claim will be provided within **45 days** of its submission or amendment. (See California Government Code § 912.4)
3. For information regarding the status of your claim, please contact the City Attorney's Office at (661) 267-5108.