



CITY OF PICO RIVERA CLAIM FORM

For Official Use Only

◆◆◆ PLEASE READ INSTRUCTIONS ON OTHER SIDE FIRST ◆◆◆

Name of Claimant _____

Home Address _____ Date of Birth _____

City, State, Zip _____ Soc. Security # _____

Daytime () _____ Evening () _____ Cell/pager () _____ CA Driver's Lic# _____

Type of Loss: Personal Injury Other _____ Police Report # _____
 Property Damage Indemnity-Date complaint served _____

When did injury or damage occur? _____ AM/PM

Where did injury or damage occur? _____

How did injury or damage occur? _____

What action or inaction of City employee(s) caused your injury or damage?

What injury or damage did you suffer?

Name of any witnesses

Name of City employee(s) involved, if applicable? _____

Is Total Amount of Claim Greater than \$10,000 Yes ___ No ___ If YES, is this a Limited Civil Case Yes ___ No ___
If NO, state the amount claimed: \$ _____ \$ _____ \$ _____

NOTE: Please attach copies of supporting documentation for the amounts claimed.

If claim relates to an automobile accident, please answer the following and ATTACH PROOF OF INSURANCE:

Please check here if there was no insurance coverage in effect at time of incident
Insurance policy # _____ Insurance Company _____
Insurance Broker/Agent _____
Address _____ Phone () _____

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:

Name (Mr./ Mrs./ Ms.) _____ Daytime Phone () _____
Address _____
Email Address _____

Warning: California State Law generally requires that most claims against a public entity, such as the City of Pico Rivera, be presented within **SIX (6) MONTHS** from the date of the action or incident giving rise to the claim. Certain other claims must be filed within **ONE (1) YEAR** from the action or incident. You should check the Government Code to determine what presentation period applies in your case.

Signature _____ Relationship _____ Date _____

CLAIM AGAINST THE CITY OF PICO RIVERA

INSTRUCTIONS

Claim against the City of Pico Rivera. The original and one identical copy of this form, together with one copy of all attachments, are to be filed with the City Clerk's Office. **Retain one copy for your records.** Please send to this address:

City of Pico Rivera
6615 Passons Bl.
Pico Rivera, CA 90660

NOTICE: The City Clerk's Office is the **ONLY** office to which claims may be submitted. Claims are **NOT** to be sent to the City Attorney or any other City Department.

Please fill out claim form completely. Additional sheets may be attached if more space is needed. Missing information may delay the processing of your claim. Please print.

PROCEDURES

Claims received by the City Clerk's Office are forwarded to the City Attorney for review.

Claims are subject to the California Public Records Act.

***** All claims are public record subject to the California Public Records Act *****