FILE WITH:

City Clerk's Office
11222 Acacia Parkway
P.O. Box 3070
Garden Grove, CA 92842-3070

CITY OF GARDEN GROVE

CLAIM FOR DAMAGES

To Persons or Property

Claim No. _____

For Official Use Only

A claim must be filed with the City Clerk of the City of Garden Grove within 6 months after which the incident or event occurred. Be sure your claim is against the City of Garden Grove, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number.

To City of Garden Grove, California:

☐ Ms.
☐ Mr.
☐ Mrs.
☐ Miss

1. NAME OF CLAIMANT: _____
(Last) (First) (Middle)

   a. HOME ADDRESS OF CLAIMANT: _____
   (Number, Street, Apt, etc.) (City and State) (Zip)

   b. BUSINESS ADDRESS OF CLAIMANT: _____
   (Number, Street, Suite, etc.) (City and State) (Zip)

   c. HOME PHONE NO.: _____ d. BUSINESS PHONE NO.: _____

   e. OCCUPATION: _____ f. DATE OF BIRTH: _____

   g. SOCIAL SEC. NO.: _____ h. DRIVER'S LIC. NO.: _____

2. Name, address to which claimant desires notices to be sent, and telephone number, if other than above:

   _____

3. Occurrence or event from which claim arises:

   a. DATE: _____ b. TIME: _____ c. PLACE (exact and specific location):

   d. HOW, AND UNDER WHAT CIRCUMSTANCES, DID DAMAGE OR INJURY OCCUR? SPECIFY THE PARTICULAR OCCURRENCE, EVENT, ACT, OR OMISSION YOU CLAIM CAUSED THE INJURY OR DAMAGE. (USE ADDITIONAL SPACE AT END IF NECESSARY.)

e. WHAT PARTICULAR ACTION BY THE CITY, OR ITS EMPLOYEES, CAUSED THE ALLEGED DAMAGE OR INJURY?

4. GIVE A DESCRIPTION OF THE INJURY, PROPERTY DAMAGE, OR LOSS, SO FAR AS IS KNOWN AT THE TIME OF THIS CLAIM. IF THERE WERE NO INJURIES, STATE "NO INJURIES":

5. GIVE THE NAME(S) OF THE CITY EMPLOYEE(S) CAUSING THE DAMAGE OR INJURY:

6. NAME(S) AND ADDRESS(ES) OF ANY OTHER PERSON(S) INJURED:

7. NAME AND ADDRESS OF THE OWNER OF ANY DAMAGED PROPERTY:

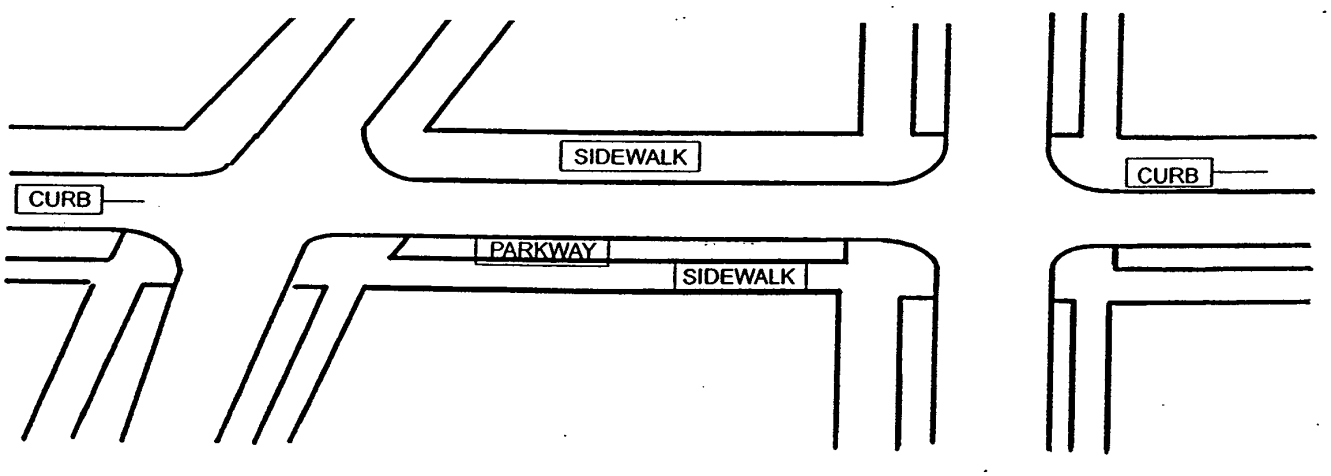
8. DAMAGES CLAIMED:

a. BASIS FOR COMPUTATION OF AMOUNT CLAIMED (INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.)

9. ANY ADDITIONAL INFORMATION THAT MIGHT BE HELPFUL IN CONSIDERING CLAIM:

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.



WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (PENAL CODE SEC. 72)

I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

DATE

CLAIMANT'S SIGNATURE

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