

Date Distributed _____
To: City Attorney _____
City Manager _____

Date Received _____
By: _____
City Clerk's Office
Rc'd: Mail _____ Counter _____

SPACE ABOVE THIS LINE RESERVED FOR CITY USE

CLAIM AGAINST CITY OF SAN MARCOS
(Government Code § 910)

(If required information is not provided, the claim will be returned as incomplete.)

INSTRUCTIONS: Fill out claim form in detail. If more space is needed, use additional sheets of paper and identify the additional information by appropriate paragraph number. The claim must be signed under penalty of perjury and dated. File the completed claim with the **City Clerk, 1 Civic Center Drive, San Marcos, CA 92069**. If the claim is for personal injury or injury to personal property, a complete and detailed claim must be filed within 6 months from the date the cause of action to which the claim relates accrued. Generally, this is the date of the accident.

1. Name of Claimant: _____

Address of Claimant: _____

Phone No. _____

2. Name of person and mailing address to which person presenting claim desires notice to be sent::

3. Date, place and circumstances of the occurrence or transaction which gave rise to the claim:

(a) Date: _____ Time: _____

(b) Place: (Street address): _____

(Closest cross street) _____

(Other information describing place of occurrence): _____

(c) Description of the particular act or omission you claim caused the injury or damage. Include a full description of the circumstances involved in the act or omission. Please include a statement of how the City or its employees caused the injury or damage. If you claim that the injury or damage resulted from a condition of public property, please describe the condition in detail. Use additional sheets of paper, if necessary.

4. Description of nature, indebtedness, obligation, injury, damage or loss so far as known at time of presenting the claim.

5. Name or names of City employee(s) causing the injury, damage or loss. (If not known,

please state "not known".) If you do not know the name, but can provide other identifying information about the employee(s), please do so.)

6. Amount claimed as of date of this claim, including estimate of prospective injury, damage or loss.

(Please check where appropriate.)

Less than \$10,000.

More than \$10,000 and within the jurisdiction of the Municipal Court.

More than \$10,000 and within the jurisdiction of Superior Court.

If amount claimed is less than \$10,000, please state the basis of the computation of the amount and the total amount of the claim.

7. Names and addresses of witnesses, doctors, hospitals, etc.

NAME

ADDRESS

PHONE

8. Additional information that might be helpful in considering claim

9. If you have pictures, sketches, reports or other documents relating to the transaction or occurrence, you may attach them to this claim.
10. Did you report the incident to any City employee or officer? If so, please identify the person and the date of the report.

I have read the matters and statements made in the above claim and I know the same to be true to my knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

DATED: _____

AT: _____

PRINT NAME

SIGNATURE