

**CLAIM FOR DAMAGES
AGAINST THE CITY OF DIAMOND BAR, CALIFORNIA**

(Government Code § 910, 910.2)

INSTRUCTIONS (Please read carefully):

- Claims related to injury to person or damage to personal property must be presented to the City within six (6) months from the date of loss.
- Claims related to any other loss must be presented not later than one (1) year from the date of loss.
- Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient. If more space is needed to provide requested information, please attach additional pages identifying paragraphs(s) being answered. Please click in the grey text fields to type requested information.

Date/Time Received by the City Clerk
[City Use Only]

Pursuant to Government Code § 915a, please file your claim with the City Clerk.

TO: **City Clerk**
City of Diamond Bar
21810 Copley Drive
Diamond Bar, CA 91765

1. Claimant's Name:

Primary Phone Number:

Claimant's Date of Birth:

2. Claimant's Mailing Address:

Street Number – Street - Apt No. – City – State – Zip

3. Date/Time of Loss:

4. Location of Loss (Specify in as much detail as possible)

5. Description of incident/accident that caused you to make this claim:

6. What specific injury, damages or other losses did you incur?

7. List damages incurred to date. (Attach copies of receipts, repair estimates, bills, invoices and any other documentation to prove your loss.)

8. What are your total estimated prospective damages?

9. What is your basis for claiming that the City or City employee(s) are the cause of your injury, damages or loss?

10. What are the name(s) of the City employee(s) whom you allege caused your injury, damages or loss, if known?

11. Name, address and phone number of any witnesses who can substantiate your claim:

12. Any additional information that you believe might be helpful to the City in considering this claim:

13. All notices and communications with regard to this claim will be directed to the Claimant shown in lines 1 and 2 above unless you complete the following to identify to whom further communication should be directed.

Name:

Relationship:

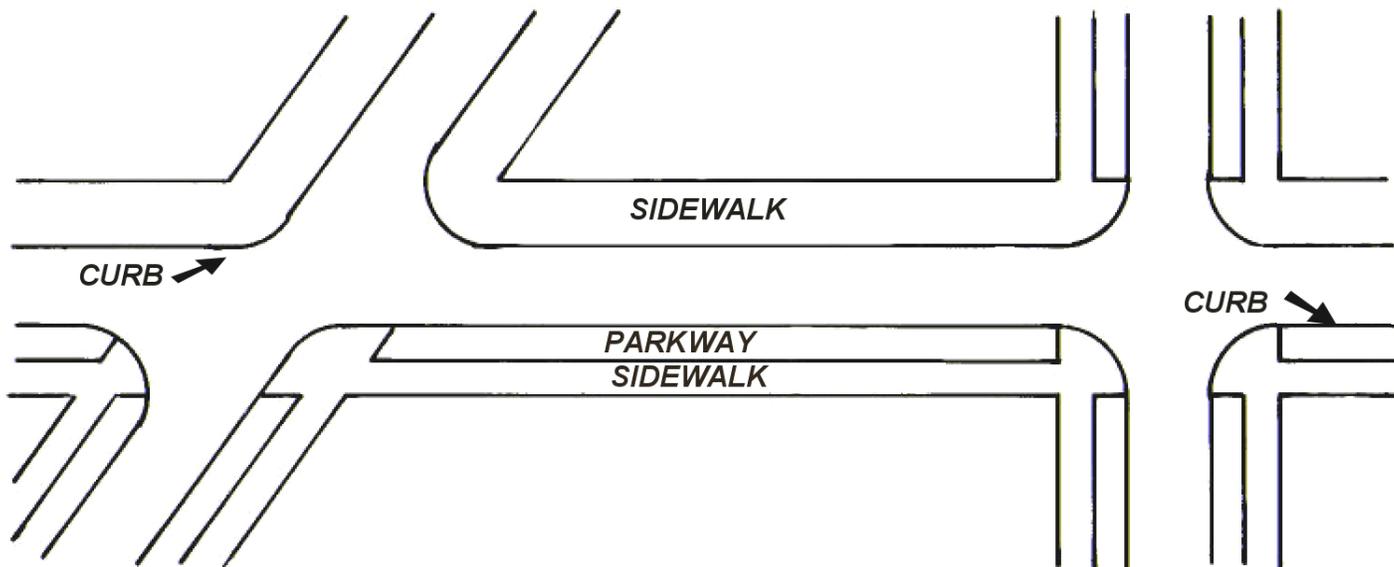
Mailing Address:

Street Number – Street - Apt No. – City – State – Zip

Primary Phone Number:

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.



I/We, the undersigned, declare under penalty of perjury that I/we have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/we believe to be true.

Printed Name of Claimant or Person filing on their behalf:

Date Signed:

Signature of Claimant or Person filing on their behalf
giving relationship to Claimant

WARNING: Penal Code Section 72 makes it a crime punishable by imprisonment to submit a “false or fraudulent claim” for payment to a city or public district, and Code of Civil Procedures Section 1038 authorizes the award of attorney fees against a claimant who brings a claim that is “not brought in good faith and with reasonable cause.”