

CLAIM AGAINST THE CITY OF LOMITA
(For Damages to Persons or Personal Property)

Name of employee receiving document: _____

Date Received: _____ Method used to present claim: _____

Instructions:

An original claim (make a copy for your files) must be filed with the **Risk Manager of the City of Lomita** (see attached business card) within 180 days after which the incident or event occurred. Be sure your claim is against the City of Lomita, not another public entity. Where space is insufficient, please use additional paper and identify information by number. Completed claims must be mailed or delivered to the Risk Manager, of the City of Lomita.

Claimant's statements:

TO THE HONORABLE MAYOR AND CITY COUNCIL, of the City of Lomita, California.

The undersigned respectfully submits the following claim and information relative to damage to persons and/ or personal property:

1. NAME OF CLAIMANT: _____

ADDRESS OF CLAIMANT: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ DRIVER'S LICENSE #: _____

2. Address and phone number to which claimant desires notices to be sent if other than above: _____

3. Occurrence or event from which the claim arises:

DATE: _____ TIME: _____ SPECIFIC LOCATION: _____

4. _____

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.

5. What particular action by the City, or its employees, caused the alleged damage or injury? _____

6. 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". _____

7. List the name(s) of the City employee(s) causing the damage or injury. _____

8. List the name(s) and address(es) of any other person(s) injured. _____

9. List name(s) and address(es) of any other owner(s) who incurred property damage. _____

10. Damages claimed:

a. Amount claimed as of the filing date: \$ _____

b. Estimated amount of future costs: \$ _____

c. Total amount claimed: \$ _____

Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): _____

11. Names and addresses of all witnesses, hospitals, doctors, etc. _____

12. Please state any additional information that might be helpful in considering this claim.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM. (Penal Code §72; Insurance Code §556.1)

Claimant's Declaration:

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this _____ day of, _____ 20____, at _____

Claimants' Signature: _____