



CLAIM NO. _____

<i>For office use only – Date Stamp</i>	
RECEIVED: Mail _____	In Person _____

CLAIM AGAINST THE CITY OF ESCONDIDO

This form may be filled out electronically on the City's website at: www.escondido.org/city-clerks-office.aspx

Upon completion, please print, sign at the bottom of the second page, and submit to:

**City of Escondido
Office of the City Clerk
201 North Broadway
Escondido, CA 92025-2798**

PLEASE PRINT OR TYPE

DATE _____

A claim relating to a cause of action for death or for injury to a person or to personal property or growing crops must be filed with the City Clerk of the City of Escondido within six (6) months after the incident occurred. A claim relating to any other cause of action shall be presented within one year after the incident occurred. (Government Code §911.2) Where space is insufficient, please use additional paper and identify information by proper paragraph number.

Name _____ Date Of Birth _____

Address _____ Home Phone _____

City/State _____ Zip _____ Other Phone _____

Claimant's Social Security No. _____ Driver's License No. _____

1. Address to which notices are to be sent:
_____ City _____ Zip _____

2. Date, location and time of the events which gave rise to this claim:
(a) Date: _____ (b) Time of day: _____
(c) Location: _____

3. Please provide a full and complete description of the circumstances surrounding the events which gave rise to this claim. Be sure to include the name or names of the City of Escondido employee or employees which may have been involved in this matter.

4. Please provide the amount of damages you are claiming. If the amount is less than \$10,000, you must state the specific amount claimed. Be sure to provide supporting documents to support the amount claimed (copies of paid bills, receipts, or estimates of costs). Indicate if a third party insurance company has contributed to the payment of such expenses.

The amount claimed is less than \$10,000. State the amount: \$ _____

The amount claimed is more than \$10,000.

Please indicate the type of civil case:

Limited civil case (\$25,000)

Non-limited civil case (over \$25,000)

Please state the basis for computation of the amount and the total amount of the claim:

5. Names and addresses of any and all known witnesses, doctors, hospitals, etc.:

Name	Address	Phone
(a) _____	_____	_____
(b) _____	_____	_____
(c) _____	_____	_____

6. Describe any property damage:

Property Owner (if different): _____

7. Describe any personal injury sustained:

8. Please supply additional information that might be helpful in considering this claim:

I certify under penalty of perjury that I have read the matters and statements made in the above claim, and I believe they are true to the best of my knowledge.

Date:	Signature of Claimant or person filing on behalf of Claimant (give relationship to Claimant):	Print Name:
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Only an original signature of the claimant is acceptable for submittal of this claim.