



NOTICE OF CLAIM AGAINST THE CITY OF GROVER BEACH, CALIFORNIA
(Government Code § 910, 910.2)

MAIL OR DELIVER TO:

City Clerk, City of Grover Beach
City Hall, 154 S. Eighth Street, Grover Beach, CA 93433

Date filed:

OR

EMAIL SIGNED FORM TO:

Wendi Sims, City Clerk: wsims@groverbeach.org

CITY USE ONLY

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 no 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 the section(s) being answered.

Claims filed with the City will be evaluated by third-party claims administrators Carl Warren & Company. Carl Warren representatives will contact claimants directly regarding the status of their claim. During this process, Carl Warren may request additional documentation and/or information such as a claimant's birth date or social security number. Failure to provide this information may result in delayed processing or a finding of insufficiency.

- 1. Claimant's Full Name: _____ 2. Claimant's Current Age _____
- 3. Claimant's Mailing Address: _____

STREET NUMBER	STREET	APT NO.	CITY	STATE	ZIP
---------------	--------	---------	------	-------	-----

- 4. Phone Number: _____

- 5. Date of Loss: _____ Time of Loss: _____

- 6. Location of Loss (Specify in as much detail as possible. Include address if known, as well as specific location upon the site. Example: "5 feet east of west corner of 4th Street and Grand Avenue.):

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

- 8. What specific injury, damages or other losses did you incur? *Attach photographs or other exhibits.*

- 9. What amount of money are you seeking to recover? Enter the amount claimed here: \$ _____
(Click one of the boxes below):
 - The amount claimed totals \$10,000 or less; jurisdiction rests in Small Claims Court.
 - The amount claimed is more than \$10,000; jurisdiction rests in Superior Court.

10. How was this amount calculated? (Itemize and attach bills, repair estimates, receipts, etc.; if claim is for vehicle damage, obtain and attach two (2) repair estimates):

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

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

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

14. 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 to Claimant: _____

Mailing Address: _____ Phone Number: _____

STREET NUMBER STREET APT NO. CITY STATE ZIP

SIGNATURES:

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.

Claimant Printed Name Claimant Signature Date Signed

(Note: If someone files the claim on behalf of the claimant, the person making the claim on behalf of the claimant should sign above.)

Claimant Printed Name Claimant Signature Date Signed

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."