

Date: _____	CLAIM AGAINST THE CITY OF SOUTH PASADENA (For Damages to Persons or Personal Property)
	Received by: _____
	Via: _____ U.S. Mail _____ Inter-Office Mail _____ Over the Counter

A claim must be filed with the City Clerk of the City of South Pasadena within 6 months after the date on which the incident or event occurred. Be sure your claim is against the City of South Pasadena, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number. Completed claims must be mailed or delivered to the City Clerk, the City of South Pasadena, 1414 Mission Street, South Pasadena, California 91030.

TO THE HONORABLE MAYOR AND CITY COUNCIL, The City of South Pasadena, 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 No. _____ Date of Birth: _____

2. Name, telephone and post office address to which claimant desires notices to be sent if other than above:

3. Occurrence or event from which the claim arises:

Date _____ Time _____

Place (exact and specific location)

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 (use additional paper if necessary).

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

4. 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".

5. Give the name(s) of the City employee(s) causing the damage or injury:

6. Name and address of any other person injured:

7. Name and address of the owner of any damaged property:

8. Damages claimed:

- a. Amount claimed as of this 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.):

9. Names and addresses of all witnesses, hospitals, doctors, etc.

- a. _____
- b. _____
- c. _____
- d. _____

10. 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)**

I/we declare under penalty of perjury that the above matters and statements are true and correct to the best of my/our knowledge. As to those statements based on information or belief, I/we believe them to be true.

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

Signature: _____

Claimant or Claimant's Legal Representative

Printed name