

Claim Form

California State Law generally requires that most claims against a public entity (City of Lawndale) be presented within a **six (6) month period** from the date of loss or incident giving rise to the claim (Government Code Section 911.2). Other claims must be filed within a **one (1) year period** from the date of loss or incident (Government Code Section 911.2(a)). **WARNING: This is not intended as legal advice.** Please reference the Government Code to determine what submission period applies to your claim.

HOW TO FILE A CLAIM WITH THE CITY OF LAWNDALE

The *City of Lawndale's Claim for Damages to Person or Property* is a standard claim form that can be used for your convenience. **Please fill out the claim form completely.** Additional sheets may be attached if more space is needed. Missing or incomplete information may delay the processing of your claim.

Please print out the Claim Form, sign it, attach any supporting documentation (e.g. repair estimates, invoices, proof of payments, photos of damage, etc.) and either deliver it in person directly to the Office of the City Clerk OR return it by mail to the Office of the City Clerk, at 14717 Burin Avenue, Lawndale, CA 90260.

All claims received by the City Clerk's Office will be reviewed by the City's Claims Administrator. All claimants will be notified, within 45 days, regarding action taken on the claim or otherwise as it relates to the claim itself. However, neither the City Clerk nor any other City official or employee can provide legal advice concerning the claim or litigation against the City.



**CITY OF LAWNDALE
CLAIM FOR DAMAGES TO PERSON OR PROPERTY**

Reserve for Filing Stamp

File with the City Clerk
14717 Burin Ave., Lawndale, CA 90260
(310) 973-3200, Fax: (310) 644-4556

Claim No.: _____

Instructions:

1. Claims for death, injury to person or to personal property must be filed not later than six (6) months after the occurrence. (Gov. Code Sec. 911.2)
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence. (Gov. Code Sec. 911.2)
3. Read entire claim form before filing.
4. See page 2 for diagram upon which to locate place of accident.
5. This claim form must be signed on page 2 at bottom.
6. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.
7. Claim must be filed with the City Clerk. (Gov. Code Sec. 915a)

CITY OF LAWNDALE			
Claimant's Name		Claimant's Occupation	
Claimant's Home Address		Claimant's Home Phone #	
Claimant's Business Address		Claimant's Business Phone #	

Address and telephone number to which you desire notices or communications to be sent regarding this claim:

When did DAMAGE or INJURY occur? Date: _____ Time: _____
 If claim is for Equitable Indemnity, give date claimant served with the complaint: Date: _____
 Names of any city employees involved in INJURY or DAMAGE

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet. Where appropriate, give street names and address and measurements from landmarks:

Describe in detail how the DAMAGE or INJURY occurred.

Why do you claim the city is responsible?

Describe in detail each INJURY or DAMAGE

The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages incurred to date (exact):	\$	Estimated prospective damages as far as known:	\$
Damage to property	\$	Future expenses for medical and hospital care	\$
Expenses for medical and hospital care	\$	Future loss of earnings	\$
Loss of Earnings	\$	Other prospective special damages	\$
Special Damages for	\$	Prospective general damages	\$
		Total estimate prospective damages	\$
General Damages	\$		
Total Damages incurred to date	\$		
Total amount claimed as of date of presentation of this claim			\$

Was damage and/or injury investigated by police? _____ If so, what city? _____ File #: _____

Were paramedics or ambulance called? _____ If so, name city or ambulance _____

If injured, state date, time, _____

name and address of doctor of your first visit _____

WITNESSES to DAMAGE or INJURY: List all persons and addresses of person known to have information:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

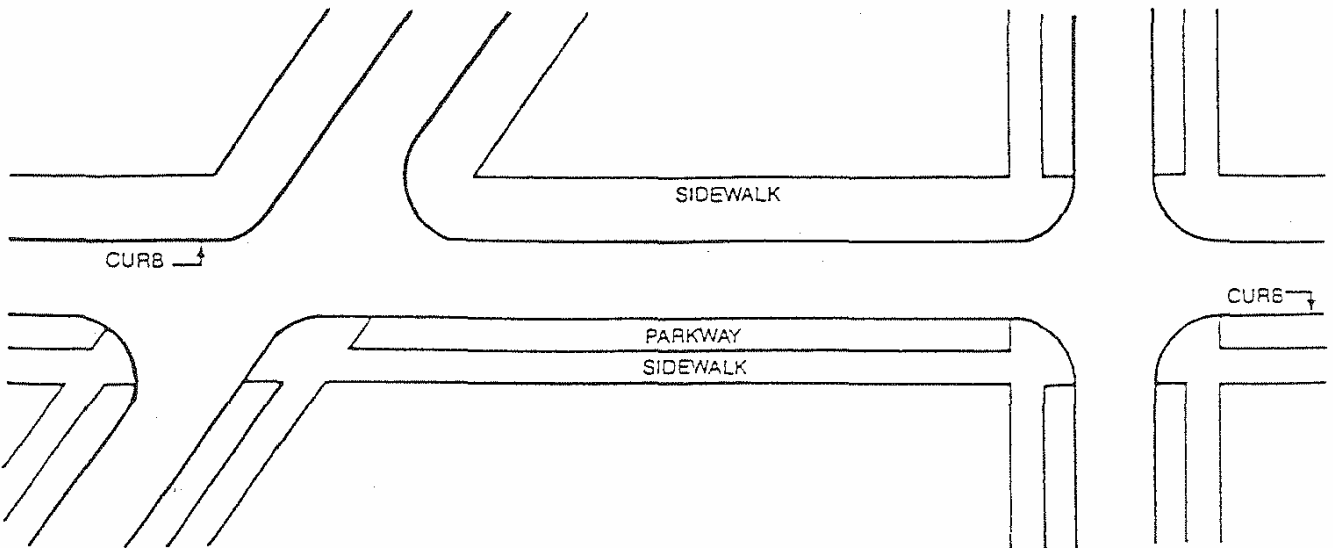
DOCTORS and HOSPITALS:

Hospital _____ Address _____ Date of Hospitalization _____

Doctor _____ Address _____ Date of Treatment _____

Doctor _____ Address _____ Date of Treatment _____

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.



Signature of Claimant or person filing on his/her behalf giving relationship to Claimant:

Typed/Printed Name

Date
