

# CLAIM AGAINST THE CITY OF IMPERIAL BEACH

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CLAIM NO. \_\_\_\_\_

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A claim must be filed with the City Clerk of the City of Imperial Beach. Claims for death or injury to person or personal property or growing crops must be filed within six months from the date the incident or event occurred. All other claims must be filed within one year. Where space is insufficient, please use additional paper and identify information by paragraph number. Completed claims must be mailed or delivered to: City of Imperial Beach, City Clerk, 825 Imperial Beach Boulevard, Imperial Beach, CA 91932.

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The Undersigned respectfully submits the following claim and information:

1. NAME OF CLAIMANT: \_\_\_\_\_

a. ADDRESS OF CLAIMANT: \_\_\_\_\_

Zip Code: \_\_\_\_\_

b. PHONE NO. Home: \_\_\_\_\_ c. DATE OF BIRTH: \_\_\_\_\_  
Business: \_\_\_\_\_

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

3. Date, time and place of occurrence of transaction from which the claim arises:

a. DATE: \_\_\_\_\_ b. TIME: \_\_\_\_\_

c. PLACE (exact location): \_\_\_\_\_

d. Specify the particular occurrence, event, act or omission and circumstances you claim caused the injury or damage (use additional paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Give a description of the injury, property damage or loss, so far as is know at the time of this claim. If there were no injuries, state "no injuries".  
(If your claim involves a vehicle, include license, year, make and model.)

\_\_\_\_\_  
\_\_\_\_\_

5. Give the name(s) of any City employee(s) involved in the injury or loss, if known:

\_\_\_\_\_  
\_\_\_\_\_

6. Name and address of any other person(s) 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: \$ \_\_\_\_\_

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.) \_\_\_\_\_

\_\_\_\_\_

9. Names and addresses of all witnesses:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (PENAL CODE SECTION 72).**

*I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at the City of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**CLAIMANT'S SIGNATURE**