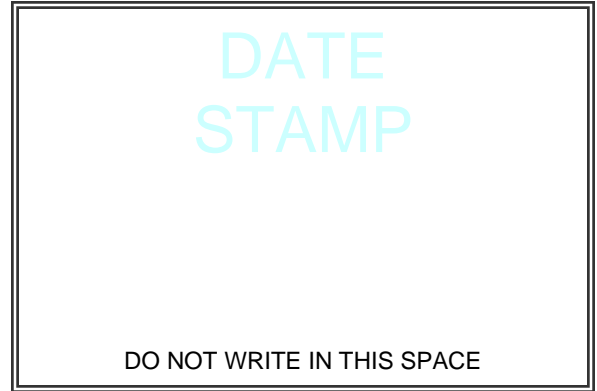


# CLAIM AGAINST THE CITY OF REDLANDS

File with: City of Redlands  
City Clerk's Office  
35 Cajon Street, Suite 4  
P.O. Box 3005  
Redlands, CA 92373



READ THE CLAIM FORM BEFORE BEGINNING. ALL THE INFORMATION YOU PROVIDE SHOULD BE AS COMPLETE AS POSSIBLE. PLEASE TYPE OR PRINT CLEARLY. YOU MUST FILE YOUR CLAIM BY MAIL OR IN PERSON AT THE CITY CLERK'S OFFICE. CLAIMS SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED. THE CLAIM FORM MUST BE SIGNED AND DATED. ATTACH ADDITIONAL SHEETS IF NECESSARY.

\_\_\_\_\_  
Name of Claimant

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Cell phone Number

\_\_\_\_\_  
Claimant's Social Security Number

**Address to Which Claimant Wants Notices Sent:**

\_\_\_\_\_  
Name and Firm/Business Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, Zip Code

When did damage or injury occur? Date \_\_\_\_\_ Time \_\_\_\_\_

Where did damage or injury occur? Describe fully. Where appropriate, give street names and addresses and measurements from landmarks.

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

If known, provide names of any City employees involved in the damage or injury. \_\_\_\_\_

Describe in detail how the damage or injury occurred. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe in detail what damage or injury you claim resulted. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If property was damaged, are you the legal owner of the property? \_\_\_\_\_

What particular Act or Omission do you claim caused the damage or injury? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the incident that resulted in damage or injury investigated by law enforcement? \_\_\_\_\_ If yes, what agency? \_\_\_\_\_  
\_\_\_\_\_ Report # \_\_\_\_\_

Amount claimed for injury, damage, or loss to date (required for claims under \$10,000): \_\_\_\_\_

Estimated amount of future injury, damage, or loss (required for claims under \$10,000): \_\_\_\_\_

Total amount of claim (required for claims under \$10,000): \_\_\_\_\_  Damages are between \$10,000 and \$25,000  
 Damages exceed \$25,000

Basis for computation of amount claimed, or attach copies of all bills, invoices, and estimates (required for claims under \$10,000)  
(For property damage, to help the City evaluate your claim, please submit two estimates or one paid repair bill for each item): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide other information that you believe should be considered in reviewing your claim (attach additional sheets if necessary). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses to the incident that resulted in the damage or injury:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Treating doctors and hospitals:

Hospital \_\_\_\_\_ Date(s) of Service \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Doctor \_\_\_\_\_ Date(s) of Treatment \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Doctor \_\_\_\_\_ Date(s) of Treatment \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant or person filing on behalf of claimant

NOTICE:

Section 72 of the Penal Code provides: "Every person who, with intent to defraud, presents for allowance or for payment to any state board of office or to any county, town, city, district, ward or village board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is guilty of a felony."