

REGULAR CLAIM

CLAIM AGAINST THE CITY OF CERRITOS (For Damages to Personal Property)

Received by _____ via
U.S. Mail _____
Inter-Office Mail _____
Over the Counter _____
Email/Fax _____

City Clerk's Time Stamp

A claim must be filed with the City Clerk of the City of Cerritos within six (6) months after which the incident or event occurred. Be sure your claim is against the City of Cerritos, 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 Cerritos, 183rd Street at Bloomfield Avenue, Cerritos, CA 90703 or P.O. Box 3130, Cerritos, CA 90703.

TO THE HONORABLE MAYOR AND CITY COUNCIL, the City of Cerritos, California.

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

1. NAME OF CLAIMANT _____
 - a. ADDRESS OF CLAIMANT _____

 - b. PHONE NO. _____ c. DATE OF BIRTH _____
 - d. SOCIAL SECURITY NO. _____
 - e. DRIVER'S LICENSE NO. _____

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 which the claim arises:**
 - a. DATE _____ b. TIME _____
 - c. PLACE _____
(Exact and specific location)

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d. 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).

e. 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, as 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: \$ _____

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d. Basis for computation of amounts claimed (include copies of 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 S72; Insurance Code S556.1)**

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 of belief 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 _____, 20____,

at _____.

Claimant's Signature

Office of the City Clerk,
Cerritos, California

DOCUMENT NO. _____ FILED _____