

CLAIM AGAINST THE CITY OF CALEXICO

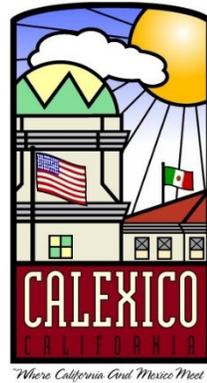
(For damages to persons or personal property)

Received by _____ via

U.S. Mail _____

Over the Counter _____

Date of Declaration of Mailing _____



INSTRUCTIONS

1. Read entire claim form before filing.
2. Claims must be filed with the City Clerk of the City of Calexico, 608 Heber Avenue, Calexico, California, 92231. (Gov. Code Section 915(a)).
3. The claim form must be signed and dated.
4. Provide as much information as possible, if additional paper is needed, please identify information by paragraph number.
5. A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Gov. Code Section 900 et. seq. not later than six (6) months after the accrual of the cause of action. Government Code Section 911.2.
6. A claim relating to any other cause of action (not specified in number 5) must be filed not later than one (1) year after the accrual of the cause of action. Government Code Section 911.2.

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

The undersigned respectfully submits the following claim for damages and relevant information.

1. NAME OF CLAIMANT _____
 - a. ADDRESS OF CLAIMANT _____
 - b. PHONE NO. _____
 - c. DATE OF BIRTH _____
2. Name, telephone and Post Office address to which claimant notices are to be sent if other than above.

3. Occurrence or event from which the claim arises:
 - a. Date: _____ b. Time: _____
 - c. Place (exact and specific location): _____
 - 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) _____

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 damaged property. _____

6. Name and address of any other person injured. _____

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

8. Damage claimed:
 - a. Amount claimed as of this date: \$ _____
 - b. Estimated amount of future costs \$ _____
 - c. Total amount claimed \$ _____
 - d. (include copies of all bills, invoices, estimated, etc.)

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

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: and Government Code Section 12650, et. seq (False Claims Act)). 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 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 Calexico, California

 Claimant's Signature

Filed _____