



CLAIM FOR DAMAGES TO PERSON OR PROPERTY

INSTRUCTIONS

1. Read this claim form before filing. (Do not use pencil to complete.)
2. This claim form must be signed at the bottom.
3. Attach separate sheets, if necessary, to give full details. Sign each sheet.
4. Claim must be filed with the City Clerk, City of Santee, 10601 Magnolia Avenue, Santee, CA 92071 or e-mail claim form to clerk@cityofsanteeca.gov.

The undersigned hereby presents the following claim to the City of Santee in accordance with the laws of the State of California.

1. Name of claimant:
2. If claim is being filed on behalf of a minor, please state minor's name and date of birth.
3. Home address of claimant:
Best contact telephone number:
Email Address (optional):
Business address of claimant:
Business telephone number:
Date of Birth:
Social Security Number:
4. Give address to which you desire notices or communications to be sent regarding this claim.
5. How did the damage or injury occur? State all facts that support your claim.
6. When did the damage or injury occur? Please give full particulars including the date, time of day, etc.

7. Where did the damage or injury occur? Please describe fully and attach a diagram where appropriate. Please give street names and addresses or measurements from landmarks.

8. What particular act or omission do you claim caused the injury or damage? In other words, please explain why you believe the City is responsible for the injury or damage?

9. What are the names of the City employees you claim caused the injury or damage?

10. What damage or injury do you claim resulted? Please give full extent of injuries or damages claimed.

11. Names and addresses of physicians, hospitals, etc.

12. What amount do you claim on account of each item of injury or damage as of date of presentation of this claim, giving basis of computation?

13. Give the estimated amount, as far as known, you claim on account of each item of future injury or damage, giving basis of computation.

14. Please list any insurance payments received, if any, and names of insurance companies.

15. Expenditure made on account of accident or injury. Include the date, item, and amount.

16. Please list names and addresses of any known witnesses to the incident you claim caused you injury or damage.

I declare under penalty of perjury that I have read the foregoing claim and the papers attached thereto, and that the same are true and correct to the best of my knowledge.

Note: this document becomes public information upon submittal.

Date

Signature of Claimant or Agent

If emailing claim form, use the "Draw" tool in the top-left corner to sign the form.