



# Claim Against The City of Santa Fe Springs For Damages to Persons or Property

Office Use Only

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Claims for death, injury to person or to personal property must be filed no later than six months after the occurrence. (Gov. Code, Sec. 911.2) Claims for damages to real property must be filed no later than one year after the occurrence (Gov. Code, Sec 911.2)

**NOTE:** Please verify that your claim is against the City of Santa Fe Springs and not another public agency.

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

## 1. Claimant Personal Information

- a. Name \_\_\_\_\_
- b. Address \_\_\_\_\_  
Street City State Zip
- c. Phone # \_\_\_\_\_ d. Social Security # \_\_\_\_\_
- e. Date of Birth \_\_\_\_\_ f. Drivers License # \_\_\_\_\_  
Month - Day - Year
- g. Alternate name and address to which Claimant desires correspondence sent – if other than above.  
\_\_\_\_\_

## 2. Please Provide Information about the Occurrence or Event From Which the Claim Arises.

- a. Date \_\_\_\_\_  
Month - Day - Year
- b. Time \_\_\_\_\_  
Please Note AM or PM
- c. Place \_\_\_\_\_  
Example: Stairway at northeast corner of parking lot located at (street number / name and cross streets).

## 3. Describe How, and Under What Circumstances, the Alleged Damage or Injury Occurred.

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Please complete additional questions on reverse side of this claim form.

**4. What Particular Action by the City (or its Employees) Caused the Alleged Damage or Injury?**

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**5. Briefly Describe the Injury, Property Damage or Loss, so far as is Known at the Time of this Claim. If There Were no Injuries, Please State "No Injuries".**

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**6. If Known, List the Name(s) of the City Employee(s) Causing the Damage or Injury.**

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**7. List the Name(s) Address(s) of Any Other Person(s) Injured.**

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**8. List the Name and Address of the Owner of Any Damaged Property.**

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**9. Write the amount (dollar value) of the claim for the alleged damage or injury. Include copies of all invoices, receipts, estimates, etc.**

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**10. List Names and Addresses of any Witnesses, Doctors and/or Hospitals.**

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**11. On a Separate Sheet of Paper, Please Provide any Additional Information that Might be Helpful in Considering this Claim.**

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM  
(California Penal Code 72; Insurance Code 556.1)**

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date