REPORT A CLAIM FOR DAMAGES

A Claim for Damages can be filed if you feel that you have lost money or property as a result of any action or inaction by the City of Temple City. Claims for damages are filed with the City Clerk's Office and processed by the Risk Management division, and the City's third-party claims administrator.

Claims Policy and Process:

Claims for death, injury to person, or claims for damage to personal property must be filed no later than six (6) months after the occurrence (Gov. Code 911.2). Claims for damages to real property must be filed no later than one (1) year after the occurrence (Gov. Code Sec. 911.2).

Once claims are received by the City Clerk's Office, they are forwarded to the Human Resources and Risk Management to commence process. The City's third-party claims administrator will review your claim and conduct an investigation. Once the investigation is complete, you will be contacted with the conclusion.

Please follow the instructions on the claim form and attach any documentation (e.g. photographs, reports, witness statements) that you feel support your claim.

You may personally deliver the claim to the City Clerk's Office, or mail it to:

City of Temple City
Attn: City Clerk
9701 Las Tunas Drive
Temple City, CA 91780

If you have any questions regarding a claim you have filed, please contact the Human Resources and Risk Management at 626-656-7318.

Please note the City does not provide legal advice; it is recommended that you seek legal advice from private counsel.

Date and Time Filed with the
City Clerk [City Use Only]

CLAIM AGAINST THE CITY OF TEMPLE CITY, CALIFORNIA

INSTRUCTIONS:

1. Please read entire form before completing.
2. File claim with the City Clerk of the City of Temple City, 9701 Las Tunas Drive, Temple City, California 91780.
3. Claims for death, injury to person or to personal property must be filed not later than 180 days after the occurrence (Government Code Section 911.2).
4. Claims related to any other loss must be presented not later than one (1) year from the date of loss (Government Code Section 911.2).
5. The contents of your claim must comply with the provisions of Government Code Section 910 and Government Code Section 910.2 or it will be returned to you as insufficient.
6. Be sure your claim is against the City of Temple City, not another public entity.
7. Where space is insufficient, please use additional paper and identify information by paragraph number.

CITY OF TEMPLE CITY, CALIFORNIA 91780

1) The undersigned respectfully submit the following claim and information relative to damage to person(s) and/or personal property:

Name of Claimant:	
Address:	
Phone Number (Home):	
Phone number (Mobile):	
Email:	

2) Name, telephone and post office address to which claimant desires notices to be sent if other than above:

Address:	
Mailing Address:	
Phone Number:	

3) Occurrence or event from which the claim arises:

A. DATE: _____

B. TIME: _____

C. PLACE (exact and specific location):

_____
_____
_____
_____

D. How and under which 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, so 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, if applicable:

_____
_____
_____
_____
_____
_____
_____

6) Name and address or 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 $_____

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:

_____
_____
_____
_____
_____
_____
_____
_____

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 _____

_____
Claimant's Signature

WARNING:

Penal Code Section 72 makes it a crime punishable by imprisonment to submit a "false or fraudulent claim" for payment to a city or public district, and Code of Civil Procedures Section 1038 authorizes the award of attorney fees against a claimant who brings a claim that is "not brought in good faith and with reasonable cause."