

**CLAIM AGAINST THE CITY OF CAMARILLO
(For Damages to Persons or Personal Property)**

Received by: _____ via U.S. Mail: _____
Inter-office Mail: _____
Over the Counter: _____

A claim must be filed with the City Clerk of the City of Camarillo within six (6) months after which the incident or event occurred. Be sure your claim is against the City of Camarillo, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number. **Completed claims must be mailed to the City Clerk, City of Camarillo, P.O. Box 248, Camarillo, California 93011-0248, or delivered to the City Clerk at City Hall, 601 Carmen Drive, Camarillo, California.**

TO THE HONORABLE MAYOR AND CITY COUNCIL, THE CITY OF CAMARILLO, CALIFORNIA

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

1. Claimant Information:

- a. Name: _____
- b. Address: _____
- c. City, State, Zip: _____
- d. Phone No.: _____

2. Name, telephone number and post office address to which claimant desires notices 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, e.g., street names, addresses, measurements from specific landmarks, etc.): _____

- 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 (Please include as much detail as possible and use additional paper, if necessary):

e. What particular act or omission by the City or its employees caused the alleged damage or injury?

f. Give a description of the injury, property damage, or loss as far as it is known at the time of this claim. If there were no injuries, state "no injuries."

4. Give the name(s) of the city employee(s) causing the alleged damage or injury:

5. Name and address of any other person injured:

6. Name and address of the owner of any damaged property:

7. 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 all bills, invoices, estimates, etc.):

8. Name of Insurance Company, if any insurance payments were received:

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 section 72)

I have read the matters and statements made in the above claim and I know the same to be true of my knowledge, except as to those matters stated upon information or believe 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 _____, California.

Signature of Claimant or Representative

Date

Print Name

Relationship to Claimant