



CITY OF CITRUS HEIGHTS

Claim For Damages To Person or Property

FOR OFFICIAL USE ONLY:

Please read the instructions at the end of this document before completing the claim form.

Return to: City Clerk
 City of Citrus Heights
 6360 Fountain Square Drive
 Citrus Heights, CA 95621

Section 1: Claimant Information			
Claimant Name:		Telephone Number:	
Claimant Address:	City	State	Zip
Section 2: Representative Information (Must be completed if claim is being filed by an attorney or authorized representative)			
Name of Attorney/Representative:		Telephone Number:	
Mailing Address:	City	State	Zip
Section 3: Claim Information			
Date of Incident:	Time of Incident:		
Location of Incident: BE SPECIFIC			
Describe the specific damage or injury incurred as a result of the incident (attach additional sheets if necessary):			
Discuss the circumstances that led to the alleged damage or injury. State all the facts that support your claim against the City of Citrus Heights, and why you believe the City is responsible for the alleged damage or injury (attach additional sheets if necessary).			
CONTINUED ON NEXT PAGE			

List the name or names of any City employees causing the damages that you are claiming:

Total Dollar Amount Claimed – If the total amount exceeds \$10,000, indicate the applicable court jurisdiction – limited civil or unlimited civil (include estimate of amount of any prospective injury or damage):

Discuss how the above dollar amount was computed (be specific, list doctor bills, repair estimates, etc. Attach copies of the supporting documentation for the amount claimed with this form):

Item/Date: _____	Amount: \$ _____
Item/Date: _____	Amount: \$ _____
Item/Date: _____	Amount: \$ _____
Item/Date: _____	Amount: \$ _____
Item/Date: _____	Amount: \$ _____
Item/Date: _____	Amount: \$ _____
Item/Date: _____	Amount: \$ _____
Item/Date: _____	Amount: \$ _____
Item/Date: _____	Amount: \$ _____
Item/Date: _____	Amount: \$ _____

Section 4: Notice and Signature
(Form must be signed and dated to process your claim)

I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF; AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF; AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Claimant or Representative	Type or Print Name	Date
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Relationship to Claimant (If signed by a representative)

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)

**Instructions
for filing a
claim**

Please read all instructions on this page before completing the claim form. You must fully complete all applicable sections of this form or your claim will be returned to you as incomplete.

Note: This information is not legal advice. If there are any legal questions, please seek the advice of an attorney.

- 1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code §911.2).**
- 2. Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code §911.2).**

Submit the original claim form to the City Clerk’s Office for further processing. Claim forms will not be accepted via facsimile or e-mail. Attach separate sheets, if necessary, to give full details.

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**Section 1
Claimant Information**

Provide the full name, mailing address, and telephone number of the person(s) claiming damage/injury. (Note: All official notices and other correspondence will be sent to the person(s) listed in this section unless a representative’s name is provided in Section 2.) If the claim is being filed on behalf of a minor, specify your relationship to the minor.

**Section 2
Representative Information**

If an attorney or authorized representative is filing your claim, provide the name, telephone number, and mailing address of the attorney/representative. (Note: If representative information is provided, all official notices or other correspondence will be sent to the person listed in this section.)

**Section 3
Claim Information**

- State the exact date and time of the incident that caused the alleged damage/injury.
- Provide the location of the incident, including but not limited to street address, city road number, intersection or nearest point of interest.

- Describe in **full detail** the damage/injury that allegedly resulted from the incident.
- Describe in **full detail** the circumstances that led up to the alleged damage/injury. State **all facts** that support your claim and why you believe the City of Citrus Heights is responsible.
- Provide the name or names of any City employee(s) who allegedly caused the damage/injury, or loss.
- Enter the total dollar amount being claimed as a result of the alleged damage/injury.

**Section 4
Notice and Signature**

The claim form must be signed by the claimant or the claimant’s attorney or authorized representative. The City will not accept the claim without a proper original signature, and the date of signature.