



CITY OF ORANGE
CLAIM FOR DAMAGES
TO PERSONS OR PROPERTY

CLERK'S TIME STAMP

INSTRUCTIONS

1. Claim must be filed with the City Clerk of the City of Orange **within 6 months** after which the incident or event occurred.
2. Be sure your claim is against the **City of Orange**, not another public entity.
3. Where space is insufficient, please use additional paper and identify information by paragraph number.
4. Claim form must be signed and dated on the bottom of page 2.
5. File completed claim by mail or in person:

City Clerk's Office
300 E. Chapman Avenue
Orange, CA 92866
(714) 744-5500

To the Honorable Mayor and City Council, City of Orange, California:

The undersigned respectfully submits the following claim and information relative to damage to person(s) and/or property.

CLAIMANT INFORMATION

Name of Claimant	Date of Birth of Claimant
Street Address	Home Telephone Number
City, State & Zip Code	Work Telephone Number

If different from above, state name, address and telephone number to which you desire notices to be sent regarding this claim.

CLAIM INFORMATION

1. Occurrence or event from which the claim arises:

Type of Loss	<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Property Damage	Other: _____
Date	Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Exact and Specific Location	

How and under what circumstance did the damage or injury occur? Specify the particular occurrence, event, act or omission which you claim caused injury or damage (use additional paper if necessary):

FOR OFFICIAL USE ONLY

cc: City Attorney
 George Hills
 Risk Manager
 Department(s):

FOR OFFICIAL USE ONLY

Received via: _____ U.S. Mail
 _____ Courier Delivery Service
 _____ Over the Counter
 _____ Electronic submission

2. What particular action by the City or its employee caused the alleged damage or injury?

3. 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".

4. Give the name(s) of the City employee(s) causing damage or injury, if known.

DAMAGES CLAIMED

5. a. If the amount claimed is less than \$10,000:

Amount claimed to present: \$ _____
Estimated amount of any prospective damage/injury/loss: \$ _____
TOTAL AMOUNT CLAIMED: \$ _____

b. If the amount claimed exceeds \$10,000, would the case be a limited civil case (\$25,000 or less)?

YES NO

c. Basis of computation of the amount of damages (Please attach any estimates and/or receipts):

6. Name, address, and phone number of any and all witnesses known:

7. Any additional information that might be helpful in considering claim:

WARNING: It is a criminal offense to file a false claim (Penal Code Sec. 72).

I have read the statements made in the above claim. I know the same to be true and of my own personal knowledge, or based on the information I now have and I believe these statements to be true. I certify under penalty of perjury that the foregoing is **TRUE AND CORRECT** to the best of my knowledge.

Signed the _____ day of _____, 20_____, at _____, California.

Signature of Claimant or Claimant's Representative