

NOTICE OF CLAIM AGAINST THE CITY OF ARROYO GRANDE, CALIFORNIA

(Government Code § 910, 910.2)

MAIL OR DELIVER TO:
City Clerk, City of Arroyo Grande
City Hall, 300 E. Branch St, Arroyo Grande, CA 93420

OR

EMAIL SIGNED FORM TO:

City Clerk's Office: jmatson@arroyogrande.org

CITY USE ONLY

INSTRUCTIONS (Please read carefully):

Claims related to injury to person or damage to personal property must be presented to the City within six (6) months from the date of loss.

Claims related to any other loss must be presented not later than one (1) year from the date of loss.

Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient. <u>If more space is needed to provide requested information, please attach additional pages identifying the section(s) being answered.</u>

Claims filed with the City will be evaluated by third-party claims administrator Carl Warren & Company. <u>Carl Warren representatives will contact claimants directly regarding the status of their claim</u>. During this process, Carl Warren may request additional documentation and/or information such as a claimant's birth date or social security number. Failure to provide this information may result in delayed processing or a finding of insufficiency.

1.	Claimant's Full Name:				Claimant's Current Age			
3.	Claimant's Mailing Address:							
STE	REET NUMBER	STREET	APT NO.	CITY	STATE	ZIP		
4.	Phone Number:							
		SELECT ONE: MOBILE HOME	□ WORK	SELECT ONE: MOBILE	□ HOME □ WORK			
5.	Date of Loss:			Time of Loss:	□	<i>AM</i> □ <i>PM</i>		
6.	Location of Loss (Specify in as much detail as possible. Include address if known, as well as specific location upon the site. Example: "5 feet east of west corner of Elmira Road and Peabody."):							
7.	Description of inc	cident/accident that caused yo	ou to mal	ce this claim:				
8.	What specific inju	ury, damages or other losses	did you i	ncur? 				
9.		money are you seeking to red	over? Er	nter the amount claim	ed here: \$			
	(Check one of the	e boxes below): med totals \$10.000 or less: iurisc	diction res	sts in Small Claims Cou	rt			

☐ The amount claimed is more than \$10,000; jurisdiction rests in Superior Court.

		(Itemize and attach bills och two (2) repair estima		ates, receipts, etc.; if claim is	
11. What is your ba	asis for claiming that	the City or City employe	ee(s) are the c	ause of your injury, damages	
12. What are the n	ame(s) of the City er	mployee(s) whom you al	lege caused y	our injury, damages or loss,	
13. Name, address	s and phone number	of any witnesses who c	an substantia	te your claim:	
14. Any additional	information that you	believe might be helpful	to the City in	considering this claim:	
				o the Claimant shown in lines ner communication should be	
Name:		Relationship to Clai	mant:		
Mailing Address:		Phone Nu	Phone Number:		
STREET NUMBER	STREET	APT NO.	CITY	STATE ZIP	
damages and know	w the contents thereo	of; that the same is true	of my/our owi	read the foregoing claim for n knowledge and belief, save nd as to them, I/we believe to	
Claimant Printed I (Note: If someone claimant should sign	files the claim on bel	Claimant Signature half of the claimant, the		Date Signed g the claim on behalf of the	
Claimant Printed I	Name	Claimant Signature	e	Date Signed	

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."