



# CITY OF PICO RIVERA CLAIM FORM

For Official Use Only

◆◆◆ PLEASE READ INSTRUCTIONS ON OTHER SIDE FIRST ◆◆◆

Name of Claimant \_\_\_\_\_

Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Soc. Security # \_\_\_\_\_

Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Cell/pager ( ) \_\_\_\_\_ CA Driver's Lic# \_\_\_\_\_

Type of Loss:  Personal Injury Other \_\_\_\_\_ Police Report # \_\_\_\_\_  
 Property Damage  Indemnity-Date complaint served \_\_\_\_\_

When did injury or damage occur? \_\_\_\_\_ AM/PM

Where did injury or damage occur? \_\_\_\_\_

How did injury or damage occur? \_\_\_\_\_

What action or inaction of City employee(s) caused your injury or damage?

What injury or damage did you suffer?

Name of any witnesses  
\_\_\_\_\_  
\_\_\_\_\_

Name of City employee(s) involved, if applicable? \_\_\_\_\_

Is Total Amount of Claim Greater than \$10,000 Yes \_\_\_ No \_\_\_ If YES, is this a Limited Civil Case Yes \_\_\_ No \_\_\_  
If NO, state the amount claimed: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**NOTE: Please attach copies of supporting documentation for the amounts claimed.**

**If claim relates to an automobile accident, please answer the following and ATTACH PROOF OF INSURANCE:**

Please check here if there was no insurance coverage in effect at time of incident   
Insurance policy # \_\_\_\_\_ Insurance Company \_\_\_\_\_  
Insurance Broker/Agent \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:**

Name (Mr./ Mrs./ Ms.) \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_

**Warning:** California State Law generally requires that most claims against a public entity, such as the City of Pico Rivera, be presented within **SIX (6) MONTHS** from the date of the action or incident giving rise to the claim. Certain other claims must be filed within **ONE (1) YEAR** from the action or incident. You should check the Government Code to determine what presentation period applies in your case.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

# CLAIM AGAINST THE CITY OF PICO RIVERA

## INSTRUCTIONS

Claim against the City of Pico Rivera. The original and one identical copy of this form, together with one copy of all attachments, are to be filed with the City Clerk's Office. **Retain one copy for your records.** Please send to this address:

City of Pico Rivera  
6615 Passons Bl.  
Pico Rivera, CA 90660

NOTICE: The City Clerk's Office is the **ONLY** office to which claims may be submitted. Claims are **NOT** to be sent to the City Attorney or any other City Department.

**Please fill out claim form completely. Additional sheets may be attached if more space is needed. Missing information may delay the processing of your claim. Please print.**

## PROCEDURES

Claims received by the City Clerk's Office are forwarded to the City Attorney.

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**\*\*\* All claims are public record subject to the California Public Records Act \*\*\***