



City of Irvine

Claim for Damages Form

INSTRUCTIONS: File original claim with the City Clerk's Department, P.O.Box 19575, Irvine, CA 92623-9575. Failure to provide sufficient information may result in delays in claim processing.

PLEASE NOTE:

- A. Claims for death, injury to person or to personal property must be filed no later than 6 months after the occurrence (Government code Section 911.2). This applies to occurrences after January 1, 1988.
- B. Claims for damages to real property must be filed no later than one year after the occurrence (Government Code Section 911.2).
- C. Read entire claim before filing.
- D. Attach separate sheets, if necessary, to give full details.
- E. This form must be signed by the claimant or a person on his behalf (Government Code Section 910.2).
- F. This form is for the convenience of those desiring to present claims against the city. Claimant is advised to consult a private attorney if legal advice is desired. No employee of the city may give legal advice to any claimant relating to private claims.

1. Name of Claimant: _____ Telephone: _____
LAST NAME FIRST M.I.

2. Home Address of Claimant: _____

3. Address to which claimant wishes notice sent *(If same as home, please write "same"); if represented by an attorney - their name and address:*

4. When did damage or injury occur? Please give date and time of day: _____
MONTH DAY YEAR TIME

5. Where did damage or injury occur? *(Include specification of address and location if known):*

STREET NO. STREET/NAME CITY LOCATION

6. Describe specific nature of damage or injury *(Use additional sheet if necessary):*

7. How did damage or injury occur? *(Please be specific - Use additional sheet if necessary):*

8. Names of any city employees involved in injury, damage, or loss, if known:

9. What particular act or omission on the part of city officers or public employees do you claim caused injury or damage
(Please be specific - Use additional sheet if necessary):

10. Were police at scene?: NO YES Was a Police Report filed? NO YES Report No. _____

11. Give the amount claimed as of the date of presentation of the claim including the estimated amount of any injury, damage, or loss, insofar as it may be known at the time of presentation of this claim, together with the basis of computation of the amount claimed, with estimates and bills, if appropriate. *(Attach additional sheets if necessary):*
Total Amount \$ _____

I hereby certify under penalty of perjury that the facts hereinabove set forth are true and correct to the best of my knowledge.

Signature of Claimant or representative of Claimant _____ Date _____

NOTICE: Section 72 of the Penal Code provides that: "Every person who, with intent to defraud, presents for allowance, or for payment to any state board or officer, or to any County, Town, City, District, Ward, or Village Board or Officer, if genuine, and false, fraudulent claim, bill, account, voucher, or writing, is guilty of a felony."