

INSTRUCTIONS

1. Read entire claim form and sign it before filling. If necessary, attach additional pages and sign pages.
2. Claims must be filed with City Clerk, P.O. Box 6459, Burbank, CA 91510. (Gov. Code Sec. 915A).
3. Claims for death, injury to person or to personal property must be filed no later than 6 months after occurrence. (Gov. Code Sec. 911.2).
4. Claims for damages to real property must be filed no later than 1 year after the occurrence. (Gov. Code Sec. 911.2).

**City of Burbank
CLAIM FOR DAMAGES**

THIS SPACE FOR CITY USE ONLY

PLEASE PRINT OR TYPE

Name of Claimant <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Age	Social Security #
Address of Claimant <input type="checkbox"/> Home <input type="checkbox"/> Business	City/State/Zip	Home Telephone ()
Name, Address & Phone No. to which you desire notices or communications to be sent regarding this claim: City/State/Zip		Business Telephone ()
When did DAMAGE or INJURY occur?	Date	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Was the Police Department notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Police Report # Was the Fire Department notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where did DAMAGE or INJURY occur? Describe fully, give street names, addresses, and measurements from landmarks: Supplemental Claim Diagram Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		

How did DAMAGE or INJURY occur? Give full particulars:

What Act or Omission of the City or its employee(s) do you claim caused the injury or damage?

City department involved, if known: Public Service (Utility) Public Works Park, Recreation and Community Services Police Other (specify)

Give names of City employee(s) you claim caused injury/damage and any employees you have contacted regarding this claim.

What DAMAGE or INJURY do you claim resulted? Give full extent of injuries or damages claimed:
 Personal Injury Property Damage Other (specify)

What AMOUNT do you claim on account of each item of injury or damage as of date of presentation of this claim, giving basis of computation: Amount **MUST** be specified if \$10,000 or less. Where claim amount is more than \$10,100 you must indicate whether jurisdiction over claim rests in Superior (more than \$25,000) or Municipal Court (less than \$25,000).
 Superior Court Municipal Court

Do you claim damages for future expenses or injuries not listed above? If so, estimated amount and basis of computation:

Were you insured at the time of said incident? If so, provide name of Insurance Company, Policy Numbers and amount of insurance payments received:

Expenditures made on account of accident or injury: (Date --- Item)

Name and address of Witnesses, Doctors and Hospitals:

I declare, under penalty of perjury, that the foregoing, including any attachments, is true and correct

Signature of Claimant or person filing on their behalf Giving relationship to Claimant	Typed / Printed Name	Date
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NOTICE: STATE LAW PROVIDES THAT IF YOU ARE NOT NOTIFIED OF ANY ACTION BY THE CITY OF THIS CLAIM WITHIN 45 DAYS OF FILING THEN THE CLAIM IS DEEMED DENIED (SEE GOV. CODE SEC. 911.6 & 912.4)

