## **INSTRUCTIONS**

- Read entire claim form and sign it before filling. If necessary, attach additional pages and sign pages.
- Claims must be filed with City Clerk, P.O. Box 6459, Burbank, CA 91510. (Gov. Code Sec. 915A).
- Claims for death, injury to person or to personal property must be filed no later than 6 months after occurrence. (Gov. Code Sec.
- 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  Mr.  Mrs.			Age	Social Security #
Address of Claimant	□ Home	□ Business	City/State/Zip	Home Telephone
Name, Address & Phone N claim: City/State/Zip	No. to which you desire	notices or communications	s to be sent regarding this	Business Telephone
When did DAMAGE or INJ	IURY occur?	Date	Time	□ a.m. □ p.m.
Was the Police Departmen				as the Fire Department notified?
Where did DAMAGE or IN Supplemental Claim Diagr	am Attached? □Yes □	□ No	ddresses, and measurement	s from landmarks:
What Act or Omission of the	ne City or its employee	(s) do you claim caused the	injury or damage?	
Give names of City employ	yee(s) you claim cause	ed injury/damage and any e	ks □ Park, Recreation and C mployees you have contacted	
What DAMAGE or INJURY	Y do you claim resulted	f? Give full extent of injurie □ Personal Injury □ Pro		(specify)
specified if \$10,000 or less Municipal Court (less than	s. Where claim amour			this claim, giving basis of computation: Amount <b>MUST</b> be diction over claim rests in Superior (more than \$25,000) or
Do you claim damages for	future expenses or inj	uries not listed above? If so	o, estimated amount and bas	is of computation:
Were you insured at the tir	me of said incident? If	so, provide name of Insura	nce Company, Policy Numbe	ers and amount of insurance payments received:
Expenditures made on acc	count of accident or inj	ury: (Date Item)		
Name and address of Witr	nesses, Doctors and H	ospitals:		
I declare, under penalty of	of perjury, that the fo	regoing, including any att	achments, is true and corre	ect
Signature of Claimant or p Giving relation	erson filing on their be	half	Typed / Printed Name	Date

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)

DISTRIBUTION: White -- City Clerk C631 - 3A

500

Yellow -- Claimant

PRESENTATION OF A FALSE CLAIM IS A FELONY (CAL. PEN. CODE SEC. 72)

City of Burbank		
CLAIM DIAGRAM		

THIS SPACE FOR CITY USE ONLY	

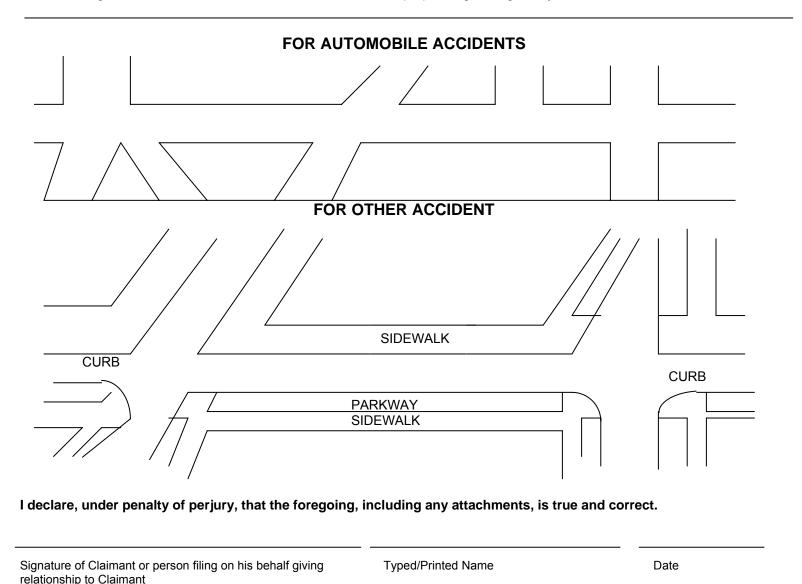
Name of Claimant

## **READ CAREFULLY**

For all accident claims place on following diagram names of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners.

If City Vehicle was involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



NOTE: ALL CLAIMANTS MAY BE REQUESTED TO BE EXAMINED AS TO THEIR CLAIM UNDER OATH. PRESENTATION OF A FALSE CLAIM IS A FELONY. (CAL. PEN. CODE SEC. 72)

**DISTRIBUTION:** White -- CITY CLERK

B531 - 3B 3/86

Yellow -- CLAIMANT