

6. Name and position of responsible City employee(s), if known?

7. Witnesses: (names, addresses, and phone numbers)

8. Damages Claimed:

1) If your claim does not exceed ten thousand dollars (\$10,000), state the basis of your computation of the amount claimed. (Attach supporting medical bills, invoices, repair estimates, etc.)

- a) Amount claimed as of this date: \$ _____
- b) Estimated amount of future costs: \$ _____
- c) Total amount claimed (a + b): \$ _____

2) If your claim exceeds \$10,000, Government Code 910(f) requires that you indicate whether or not your claim is a "limited civil case". Check one:

- The total claim does not exceed \$25,000. This is a limited civil case.
- The total claim exceeds \$25,000. This is not a limited civil case.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code Section 72)

"Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine."

I declare under penalty of perjury under the laws of the State of California that the statements made in the above claim are true of my own knowledge, except as to those matters stated upon information or belief and as to such matters believe the same to be true.

This declaration was executed on the _____ day of _____, 20_____.

at _____, _____
City State

Signature of claimant or representative of claimant

Signature