



CLAIM AGAINST THE CITY OF MONTCLAIR

CLERK'S TIME STAMP

Received by _____ via:
U. S. Mail _____
Interoffice Mail _____
In Person _____

A claim related to a cause of action for death, injury, and/or damage to persons or personal property must be filed with the City Clerk of the City of Montclair no later than six months after occurrence. All other claims must be filed no later than one year after occurrence. Where space is insufficient, please use additional paper and identify information by paragraph number. Completed claims must be mailed or delivered to: Office of the City Clerk, City of Montclair, 5111 Benito Street, P. O. Box 2308, Montclair, CA 91763-2808.

The undersigned respectfully submits the following claim and information:

1. NAME OF CLAIMANT: _____ **MALE** _____
FEMALE _____
- a. ADDRESS OF CLAIMANT: _____
Street Apt. City State Zip
- b. HOME PHONE NO. () _____ c. CELL PHONE NO. () _____
- d. SOCIAL SECURITY NO. _____ e. DATE OF BIRTH _____
2. Name, telephone number, and address to which claimant desires NOTICES to be sent, if other than above:

3. Occurrence or event from which the claim arises:
a. DATE: _____ b. TIME: _____
c. PLACE: (exact and specific location) _____
-

8. Damages claimed:
- a. Amount claimed as of this date: \$ _____
 - b. Estimated total amount of future loss, damage, or injury: \$ _____
 - c. Total amount claimed: \$ _____
 - d. Basis for computation of amounts claimed (attach copies of all bills, invoices, estimates, etc.): _____

9. Names and addresses of all witnesses, hospitals, doctors, etc.:
- a. _____
 - b. _____
 - c. _____
 - d. _____

10. Insurance payments received, if any, and name, address, and telephone number of insurance company:
- _____
- _____
- _____
- _____

11. Any additional information that might be helpful in considering claim:
- _____
- _____
- _____
- _____

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

I have read the matters and statements made in the above claim, and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this _____ day of _____, 20____ at _____.

Office of the City Clerk
 City of Montclair
 5111 Benito Street
 P. O. Box 2308
 Montclair, CA 91763
 (909) 625-9416

 CLAIMANT'S SIGNATURE