



## CITY OF CALIMESA – CLAIM FORM

A CLAIM SHALL BE PRESENTED BY THE CLAIMANT OR BY A PERSON ACTING ON HIS BEHALF. ANSWER ALL QUESTIONS. OMITTING INFORMATION MAY MAKE YOUR CLAIM LEGALLY INSUFFICIENT. PLEASE PRINT LEGIBLY ON THIS FORM. USE THE BACK IF YOU NEED ADDITIONAL SPACE

1. List the complete name, postal address, and phone number of the claimant in the spaces provided below:

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

2. List the postal address to which the person presenting the claim desires notices to be sent:

\_\_\_\_\_

\_\_\_\_\_

3. List the date, place and other circumstances of the occurrence of transaction which gave rise to the claim asserted:

DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

Tell what happened – Give complete information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Give a general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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5. Give the name or names of the public employee or employees causing the injury, damage, or loss, if known:

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6. Show the amount claimed as of the date of presentation of the claim, including the estimated amount of any prospective injury, damage, or loss, insofar as it may be known at the time of the presentation of the claim, together with the basis of computation of the amount claimed:

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Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature: \_\_\_\_\_ Relation to Claimant: \_\_\_\_\_

*Note: This form is provided for your convenience. This form is not required in order to file a claim; any written claim, which satisfies the requirements of California Government Code Sections 910, and 910.2 may be submitted.*

Return to:

**Attn: City Clerk**  
City of Calimesa  
P.O. Box 1190  
Calimesa, California 92320