



**WRITTEN CLAIM
FOR
MONEY OR DAMAGES**

To the City Clerk of the City of Paramount:

The undersigned hereby submits to the City Clerk of the City of Paramount the following Written Claim for Money or Damages:

1. Name of person injured: _____

2. Name of person whose property has been damaged: _____

3. Location of Incident/Address: _____

4. If a minor, name and address of person making claim on behalf of minor and legal relationship or capacity, such as parent or guardian: _____

5. **Name of person, address and telephone number** to whom notice of action on this claim shall be sent: _____

6. Date of injury or damage sustained: _____

7. If the claim arose out of an occurrence or transaction other than personal injury or property damage, the date of the occurrence or contract which gave rise to the asserted claim: _____

8. If a claim is for personal injury or property damage, complete the following:

a. A general description of the damage or injury or loss incurred: _____

b. Total amount claimed: _____

c. Name of doctor: _____

d. Name of hospital: _____

e. How injury or damage occurred: _____

f. Other pertinent information: _____

9. If claim is for money or damages arising out of an occurrence or transaction or contract other than personal injury or property damage, complete the following:

a. A general description of the indebtedness, obligation, occurrence, transaction, or contract: _____

b. Amount claimed: _____

c. Other pertinent information: _____

10. If basis of liability is alleged due to an act or omission of City Officer or employee, complete the following:

a. Name of City Officer or employee, if known: _____

b. Address of City Officer or employee, if known: _____

c. Claimant's statement of basis of liability: _____

11. If basis of liability is dangerous or defective condition of public property, complete the following:

a. Public property alleged to be dangerous or defective: _____

b. Officer having notice of such condition: _____

c. General statement of how accident occurred: _____

All notices or other communications regarding this claim should be sent to claimant at _____, California.

Dated the _____ day of _____, _____

PLEASE CHECK:

CLAIMANT, PARENT, GUARDIAN, or ATTORNEY FOR CLAIMANT

PRINT NAME

SIGNATURE

NOTE: A claim must be filed with the City Clerk of the City of Paramount within 6 months after which the incident or event occurred.

Claims may be filed with the City Clerk by personally presenting the same to the City Clerk or by mailing, postage paid, as follows:

CITY CLERK
16400 COLORADO AVENUE
PARAMOUNT, CALIFORNIA 90723

YOUR ATTENTION IS CALLED TO THE GOVERNMENT CODE OF THE STATE OF CALIFORNIA (SECTION 910, ET SEQ., AND AS MAY BE AMENDED BY THE STATE FROM TIME TO TIME), ESPECIALLY IN REFERENCE TO THE MANNER AND TIME FOR PRESENTATION OF CLAIMS, COUNCIL ACTION ON THE CLAIM, ETC.