

CLAIM AGAINST THE CITY OF MORENO VALLEY

(For Damage to Persons or Personal Property)

For City Clerk's Use
Stamp Time and Date Received

FOR OFFICE USE ONLY

Received by _____

CLAIM NO. _____

via ___ U.S. Mail
 ___ Inter Office Memo
 ___ Over the Counter

A claim must be filed with the City Clerk of the City of Moreno Valley within six (6) months after occurrence of the incident or event on which the claim is based. Be sure your claim is against the City of Moreno Valley, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number.

Completed claims must be mailed or delivered to: the City Clerk, City of Moreno Valley, 14177 Frederick St., P.O. Box 88005, Moreno Valley, California 92552-0805.

TO THE HONORABLE MAYOR AND CITY COUNCIL, The City of Moreno Valley California,

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

1. NAME OF CLAIMANT _____
 - a. ADDRESS OF CLAIMANT _____
 - b. PHONE NUMBER _____
 - c. DATE OF BIRTH _____
 - d. SOCIAL SECURITY NO. _____
 - e. DRIVER'S LICENSE NO. _____

2. Name, telephone, and mailing 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 & specific location) _____

d. How and under what circumstances did damage or injury occur? Specify the particular occurrence, event, act, or omission you claim caused the injury or damage (use additional paper if necessary).

e. What particular action by the City, or its employees, caused the alleged damage or injury?

4. 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. If there were no injuries, state "no injuries".

5. Give the name(s) of the City employee(s) causing the damage or injury. If unknown, provide whatever information is available which might identify the person responsible.

6. Name and address of any other person(s) injured:

7. Name and address of the owner of any damaged property:

8. Damages claimed:

a. Amount claimed as of this date: \$ _____

b. Estimate amount of future costs: \$ _____

c. Total amount claimed: \$ _____

d. Basis for computation of amounts claimed (Include copies of all bills, invoices, estimates, etc.):

9. Names and addresses of all witnesses, hospitals, doctors, etc:

a. _____

b. _____

c. _____

d. _____

10. Any additional information that might be helpful in considering this claim:

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.

(Penal Code Section 72; Insurance Code Section 556)

I have read the matters and statement 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 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 _____, California.

Claimant's Signature