



CITY OF LA PUENTE CLAIM FORM

Time Stamp

Claims related to injury to person or damage to personal property must be presented to the City within six (6) months from the date of loss. Claims related to any other loss must be presented not later than one (1) year from the date of loss.

Claims must be filed with the City of La Puente in accordance with Gov. Code Section 911.2. Be sure your claim is against the City of La Puente, not another public entity. Completed claims may be mailed or delivered to the City of La Puente City Hall, 15900 East Main Street, La Puente, CA 91744, or emailed to claims@lapuente.org.

Received Via: Email US Mail Over the Counter

* = Required by Gov. Code Section 910

CLAIMANT INFORMATION			
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Claimant Name* (First, Middle, Last)			Claimant Date of Birth
Claimant Address*			Claimant Phone Number
City*	State*	Zip*	Claimant Social Security Number

SEND OFFICIAL NOTICES AND CORRESPONDENCE TO (IF OTHER THAN ABOVE)			
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Name* (First, Middle, Last)			Phone Number
Address*			
City*	State*	Zip*	Email Address

GENERAL INFORMATION REGARDING INCIDENT	
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Date of Incident*	Time of Incident	AM PM
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Location of Incident or Accident (Be Specific)*

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).*

State why you believe the City is responsible for the alleged injury, property damage, or loss.

Give a description of the injury, property damage, or loss, so far as is known at the time of this claim. If there were no injuries, state "no injuries".

Name and department of City employee(s) who allegedly caused injury or loss (if known)*

Additional Information – Please provide any additional information that might be helpful in considering your claim, including names of witness, treating physicians, hospitals, proof of damages such as invoices, receipts, estimates, and photographs.

FINANCIAL INFORMATION

Damages Claimed* - 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 claim date \$ _____

b. Estimated amount of future costs \$ _____

Total amount claimed: \$ _____

State the basis of your computation of the amount claimed (attach supporting bills, invoices, estimates, etc.)

If your claim exceeds ten thousand (\$10,000), Government Code 910(f) requires that you indicate whether the claim is a "limited civil case." Check one.*

Limited (up to \$25,000)

Unlimited (over \$25,000)

SIGNATURE

Signature* - Claim form **must** be signed by claimant or party filing the claim. (Gov. Code Section 910.2)

Warning: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (California Penal Code § 72; Insurance Code § 556.1)

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 the 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** _____.

Claimant's Signature

IF LATE CLAIM: COMPLETE QUESTIONS 1 – 11 AND THIS APPLICATION.
SIGN BOTH FORMS.

**APPLICATION FOR LEAVE TO PRESENT A LATE CLAIM
TO THE CITY OF LA PUENTE**

The undersigned hereby applies for leave to present a late claim to the City of La Puente. This application is being made within a reasonable time, not exceeding one (1) year, after the accrual of the cause of action. Under some circumstances, leave to present a late claim will be granted (Government Code § 911.6). The reason for delay in presenting the claim is:

Date

Claimant's Signature