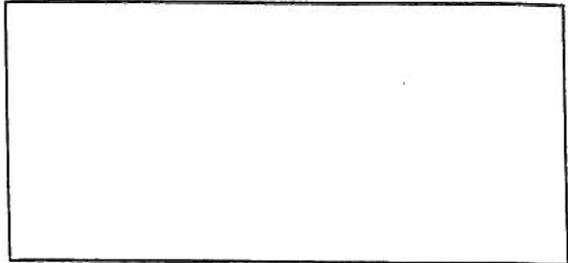




1. Claims for death, injury to person or personal property must be filed no later than 6 month after occurrence. (Govt. code Sec. 911.2)
2. Claims for damages to real property must be filed no later than 1 year after occurrence. (Gov. Code Sec. 911.2)
3. Knowingly filing false claims violates Gov. code Sec. 12650 and Penal Code Sec. 72 and can be prosecuted as fraud.
4. You must provide a response to each question; if it does not apply, please write N/A. You may attach a separate sheet to provide details.
5. You must sign the claim form at the bottom of page 2.
6. File claims with Records Management Department/City Clerk, 4319 E. Slauson Ave., Maywood, CA 90270 (Gov. Code Sec. 915a)



NOTE: THIS CLAIM MUST SIGNED ON PAGE 2

<i>Name of Claimant</i>		<i>Age of Claimant</i>
<i>Home Address of Claimant</i>	<i>City, State, Zip</i>	<i>Home Telephone Number</i>
<i>Business Address of Claimant</i>	<i>City, State, Zip</i>	<i>Business Telephone Number</i>
<i>Preferred Mailing Address (for claim communication)</i>		
<i>How and when did DAMAGE or INJURY occur? Give complete facts, date, time of day, etc. If applicable, provide police report # or case#.</i>		
<i>Where did DAMAGE or INJURY occur? Use diagram on reverse side if necessary. Give street names and numbers, measurements from landmarks, etc.</i>		
<i>What particular ACT or OMISSION do you claim caused the injury or damage? If applicable, provide names of City employees involved.</i>		
<i>What DAMAGE or INJURY do you claim resulted? Be specific and complete.</i>		
<i>What AMOUNT do you claim for each item of injury or damage as a result of this claim? For property damage, provide 2 repair estimates.</i>		

Expenditures incurred on account of DAMAGE or INJURY: List date, item, amount, and payee

Insurance payments received, if any, and name, address and telephone number of insurance company:

Names, addresses and telephone numbers of witnesses, doctors, and/or hospitals:

Effective January 1, 2010, the Medicare Secondary Payer Act (Federal Law) Requires the City to report all claims involving payments for bodily injury and/or medical treatments to Medicare. As such, if you are seeking medical damages we must have both your Social Security Number and date of birth.

Social Security Number

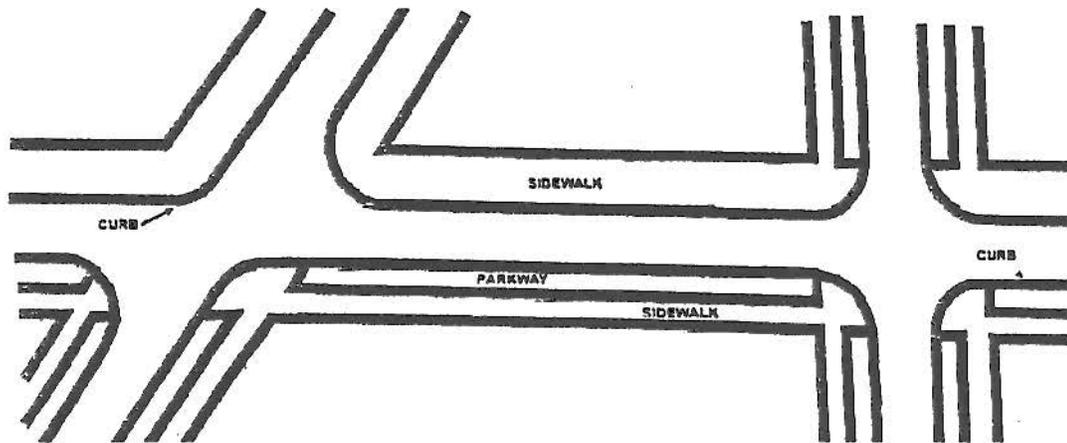
Date of Birth

Original Signature of Claimant or person filing on Claimant's behalf

Printed Name

Date

CLAIMS MUST BE FILED WITH THE RECORDS MANAGEMENT DEPARTMENT/CITY CLERK (909) 395-5709 (Gov. Code Sec. 915a)



USE THE DIAGRAM ABOVE TO SHOW WHERE INCIDENT HAPPENED. SHOW STREET NAMES, DIRECTION OF TRAVEL INDICATING NORTH, SOUTH, EAST OR WEST; INDICATE PLACE OF ACCIDENT WITH AN "X"; SHOW ADDRESS NUMBERS OR DISTANCE TO STREET CORNERS. IF DIAGRAM DOES NOT APPLY TO YOUR SITUATION, ATTACH A DRAWING ON SEPARTE SHEET, SIGNED BY CLAIMANT.

REMEMBER: SIGN THE CLAIM FORM AND SUBMIT ORIGINAL TO THE RECORDS MANAGEMENT DEPARTMENT/CITY CLERK. PHOTOCOPIES OF CLAIMS WILL NOT BE ACCEPTED. Attach two (2) repair estimates when submitting your claim.