



CITY OF MAYWOOD

CLAIM FOR DAMAGES FORM

Office Use Only

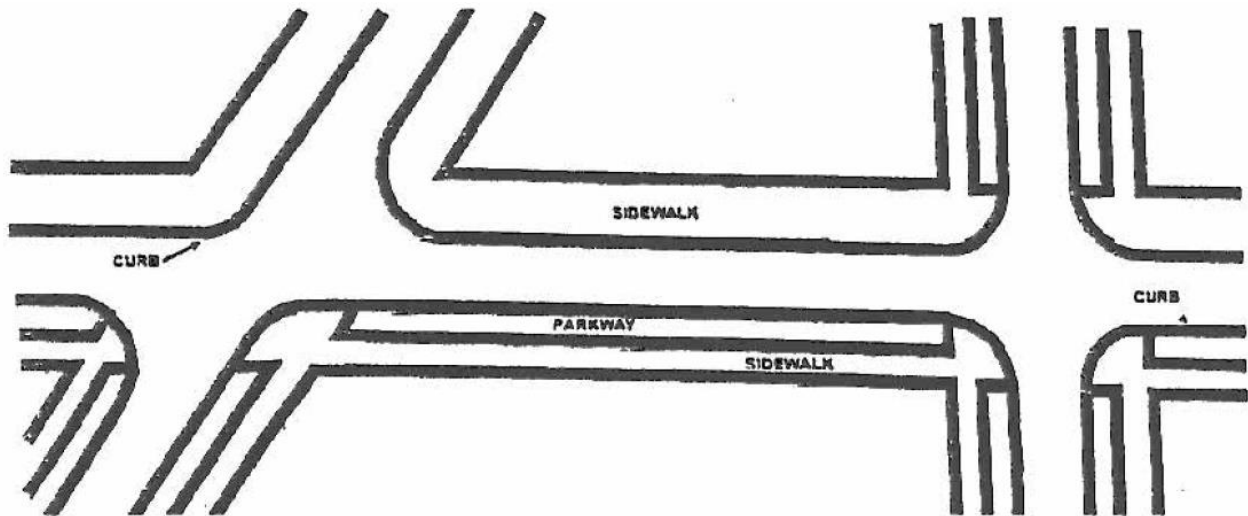
1. Claims for death, injury to person or personal property must be filed no later than 6 months after occurrence (Govt. Code Sec. 911.2)
2. Claims for damages to real property must be filed no later than 1 year.
3. Knowingly filing false claims violates Govt. Code Sec. 12650 and Penal Code Sec. 72 and 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 to provide details.
5. You must sign the claim form at the bottom of page 2.
6. File claims with City Clerk 4319 E. Slauson Ave., Maywood CA 90270 (Govt. Code Sec. 915a).

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

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:	
Name, 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	Print Name _____
	Date _____

CLAIMS MUST BE FILED WITH THE CITY CLERK (323) 562-5714

(Govt. 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 "A"; show address numbers or distance to street corners. If diagram dose not apply to your situation, attach a drawing on a separate sheet, signed by claimant.

REMEMBER: Sign the Claim Form and submit original to the City Clerk. Photocopies of Claims will not be accepted. Attach two (2) repair estimates when submitting your claim