



NOTICE OF CLAIM

CITY OF FOUNTAIN VALLEY
(Government Code §§ 910, 910.2)

INSTRUCTIONS (Please read carefully):

1. 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.
2. Claims related to any other loss must be presented not later than one (1) year from the date of loss.
3. Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient. If more space is needed to provide requested information, please attach additional pages identifying paragraphs(s) being answered.

TO: City Clerk
City of Fountain Valley
10200 Slater Avenue
Fountain Valley, California 92708

Date and Time Filed With City Clerk's Office
[City Use Only]

1. Claimant's Name: _____

Date of Birth: _____ Daytime Phone: (____) _____

2. Claimant's Mailing Address:

[Street Number, Street, Apartment Number, City, State, Zip Code]

3. Claimant's SSN: _____ Home Phone: (____) _____

4. Date of Loss: _____ Time of Loss: _____

5. Location of Loss (*Specify in detail – Example: 5 feet east of west corner of Elmira Road and Peabody*):

6. Description of incident/accident which caused you to make this claim:

Diagram of incident/accident (if applicable):

For Automobile Accidents

For Other Accidents

7. What specific injury, damages or other losses did you incur?

8. What amount of money are you seeking to recover? (Check one of the boxes below):

The amount claimed totals less than \$10,000.

Enter the amount claimed here: \$_____.

The amount claimed is more than \$10,000 but not over \$25,000 (Superior Court – Limited Jurisdiction).

The amount claimed is more than \$25,000 (Superior Court – Unlimited Jurisdiction).

9. How was this amount calculated? (*Itemize and attach bills, repair estimates, receipts, etc.; if claim is for vehicle damage, obtain and attach two (2) repair estimates*):

10. What is your basis for claiming that the City or City employee(s) are the cause of your injury, damages or loss?

11. What are the name(s) of the City employee(s) whom you allege caused your injury, damages or loss, if known?

12. Name, address and phone number of any witnesses who can substantiate your claim:

13. Any additional information that you believe might be helpful to the City in considering this claim:

14. All notices and communications with regard to this claim will be directed to the Claimant shown in lines 1 and 2 above unless you complete the following to identify to whom further communication should be directed:

Name: _____ Relationship: _____

Address: _____

Daytime Phone: (_____) _____ Home Phone: (_____) _____

I/WE, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY THAT I/WE HAVE READ THE FOREGOING CLAIM FOR DAMAGES AND KNOW THE CONTENTS THEREOF; THAT THE SAME IS TRUE OF MY/OUR OWN KNOWLEDGE AND BELIEF, SAVE AND EXCEPT AS TO THOSE MATTERS WHEREIN STATED ON INFORMATION AND BELIEF, AND AS TO THEM, I/WE BELIEVE TO BE TRUE.

Claimant Printed Name	Claimant Signature	Date Signed
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Claimant Printed Name	Claimant Signature	Date Signed
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(Note: If someone files the claim on behalf of the claimant, the individual making the claim on behalf of the claimant should sign above.)

WARNING: Penal Code Section 72 makes it a crime punishable by imprisonment to submit a “false or fraudulent claim” for payment to a city or public district, and Code of Civil Procedures Section 1038 authorizes the award of attorney fees against a claimant who brings a claim that is “not brought in good faith and with reasonable cause.”