



**NOTICE OF CLAIM
 AGAINST THE CITY OF SEASIDE, CALIFORNIA
 OR SEASIDE COUNTY SANITATION DISTRICT
 (Government Code §910,910.2)**



INSTRUCTIONS (Please read carefully): Claims related to injury to person or damage to personal property must be presented to the City or District 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. 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 paragraph(s) being answered.

TO: City Clerk/District Clerk
 City of Seaside, City Hall

 Claim Against
[City/District Use Only]

 Date and Time Filed with the City Clerk/District Clerk
[City/District Use Only]

1. Claimant's Name: _____ Date of Birth: _____

Daytime Phone: _(____)_____ Home Phone: _(____)_____

2. Claimant's Mailing Address:

 Street Number – Street – Apt. No. – City – State – Zip

3. Date of Loss: _____ Time of Loss: _____

4. Location of Loss (Specify in as much detail as possible. Example: 5 feet east of west corner of Elmira Road and Peabody):

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

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

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

The amount claimed totals less than \$10,000. Enter Amount claimed here: \$ _____

The amount claimed is more than \$10,000 but not over \$25,000; jurisdiction rests in
Municipal Court.

The amount claimed is more than \$25,000; jurisdiction rests in Superior Court.

8. 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):

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

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

11. Name, address and phone number of any witness who can substantiate your claim:

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

13. 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: _____ State: _____ Zip: _____

Daytime Phone:_(____)_____ Home Phone:_(____)_____

I/We, the undersigned, declare under penalty of perjury that I/We have read the forgoing 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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(Note: If someone files the claim on behalf of the claimant, the person making the claim on behalf of the claimant should sign above.)

Claimant Printed Name	Claimant Signature	Date Signed
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WARNING: PRESENTATION FOR ALLOWANCE OR PAYMENT OF A FALSE OR FRADULENT CLAIM, WITH INTENT TO DEFRAUD, IS A CRIME PUNISHABLE AS A FELONY UNDER CALIFORNIA PENAL CODE, SECTION 72, AND INSURANCE CODE SECTION 1871.1.