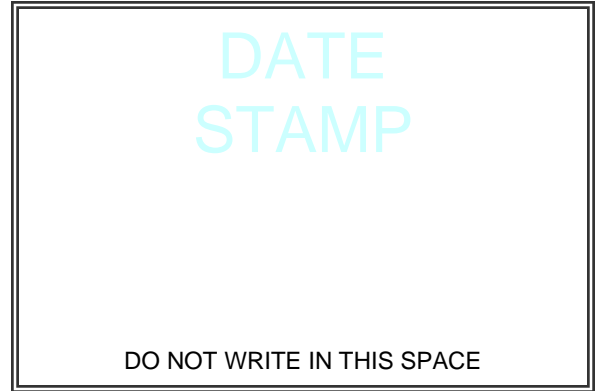


CLAIM AGAINST THE CITY OF REDLANDS

File with: City of Redlands
City Clerk's Office
35 Cajon Street, Suite 4
P.O. Box 3005
Redlands, CA 92373



READ THE CLAIM FORM BEFORE BEGINNING. ALL THE INFORMATION YOU PROVIDE SHOULD BE AS COMPLETE AS POSSIBLE. PLEASE TYPE OR PRINT CLEARLY. YOU MUST FILE YOUR CLAIM BY MAIL OR IN PERSON AT THE CITY CLERK'S OFFICE. CLAIMS SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED. THE CLAIM FORM MUST BE SIGNED AND DATED. ATTACH ADDITIONAL SHEETS IF NECESSARY.

Name of Claimant

Home Telephone Number

Address

Work Telephone Number

City, State, Zip Code

Cell phone Number

Address to Which Claimant Wants Notices Sent:

Name and Firm/Business Name

Address

Telephone Number

City, State, Zip Code

When did damage or injury occur? Date _____ Time _____

Where did damage or injury occur? Describe fully. Where appropriate, give street names and addresses and measurements from landmarks.

If known, provide names of any City employees involved in the damage or injury. _____

Describe in detail how the damage or injury occurred. _____

Describe in detail what damage or injury you claim resulted. _____

If property was damaged, are you the legal owner of the property? _____

What particular Act or Omission do you claim caused the damage or injury? _____

Was the incident that resulted in damage or injury investigated by law enforcement? _____ If yes, what agency? _____
_____ Report # _____

Amount claimed for injury, damage, or loss to date (required for claims under \$10,000): _____

Estimated amount of future injury, damage, or loss (required for claims under \$10,000): _____

Total amount of claim (required for claims under \$10,000): _____ Damages are between \$10,000 and \$25,000
 Damages exceed \$25,000

Basis for computation of amount claimed, or attach copies of all bills, invoices, and estimates (required for claims under \$10,000)
(For property damage, to help the City evaluate your claim, please submit two estimates or one paid repair bill for each item): _____

Provide other information that you believe should be considered in reviewing your claim (attach additional sheets if necessary). _____

Witnesses to the incident that resulted in the damage or injury:

Name _____ Address _____ Telephone _____
Name _____ Address _____ Telephone _____
Name _____ Address _____ Telephone _____

Treating doctors and hospitals:

Hospital _____ Date(s) of Service _____
Address _____ Telephone _____
Doctor _____ Date(s) of Treatment _____
Address _____ Telephone _____
Doctor _____ Date(s) of Treatment _____
Address _____ Telephone _____

Date

Signature of Claimant or person filing on behalf of claimant

NOTICE:

Section 72 of the Penal Code provides: "Every person who, with intent to defraud, presents for allowance or for payment to any state board of office or to any county, town, city, district, ward or village board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is guilty of a felony."