



**Claim Against
the City of Fountain Valley
(For Damages to Persons or Personal Property)**

INSTRUCTIONS: Please read carefully

A claim must be filed with the City Clerk of the City of Fountain Valley within six (6) months after which the incident or event occurred. Be sure your claim for damages is against the City of Fountain Valley and not another public entity. If additional space is needed, please use additional paper and identify information by section. **Original completed claims must be mailed or delivered to:**

**City of Fountain Valley
City Clerk's Office
10200 Slater Avenue
Fountain Valley, CA 92708**

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 the loss.

Claims related to any other loss must be presented not later than one (1) year from the date of loss.

Please make sure you 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 information section being answered.

**City of Fountain Valley
City Clerk Administrator
Rick Miller
10200 Slater Avenue
Fountain Valley, CA
92708 O: 714-593-4445
F: 714-593-4494
www.fountainvalley.org**



For Official City Use Only
City Claim No.: _____
Dept. ID No.: _____

NOTICE OF CLAIM

Claimant Information		
First Name _____	Middle _____	Last Name _____
Address: _____		
City _____	State: _____	Zip Code: _____
Home Phone No.: _____	Work Phone No.: _____	
Date of Birth: _____	Driver's License Number: _____	
<i>Name and address to which claimant desires notice(s) to be sent, if other than above:</i>		
Name: _____		
Address: _____		
City _____	State: _____	Zip Code: _____

Date of Loss: _____ **Time of Loss:** _____

Location of Loss (provide exact and specific location):

Specify how and under what circumstance the particular occurrence, event or act or omission you claim caused the injury or damage to occur:

What particular action, by the City or its employee(s), caused the alleged damage or injury?

Provide a description of the injury/damage or loss know at the time of this claim. If there was no injury, state "no injury". (If your claim involves a vehicle, you must include the year, make and model of the vehicle):

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).

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

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

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

Employee Name	Department	Phone No.
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Employee Name	Department	Phone No.
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Employee Name	Department	Phone No.
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Name, address and phone number of any witnesses who can substantiate your claim:

Name	Address	Phone No.
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Name	Address	Phone No.
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Name	Address	Phone No.
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Any additional information that you believe might be helpful to the City in considering this claim: (attach additional sheet if needed)

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.”