



# City of Poway

## CLAIM AGAINST THE CITY OF POWAY

Office of the City Clerk  
Poway, California

RESERVE FOR CITY STAMP

*City Use Only*

Mail

Over the Counter

City Claim #: \_\_\_\_\_ Received by (Employee Name): \_\_\_\_\_

A claim must be filed with the City Clerk of the City of Poway within six (6) months after which the incident or event occurred. Be sure your claim is against the City of Poway, and not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number. Completed claims must be mailed to: City of Poway, Attn: City Clerk, P.O. Box 789, Poway, CA 92074, or hand delivered to the City of Poway, Office of the City Clerk, 13325 Civic Center Drive, Poway, CA. *Information you provide on this claim form is subject to release under the California Public Records Act.*

TO THE HONORABLE MAYOR AND CITY COUNCIL, THE CITY OF POWAY, CALIFORNIA

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

1. Name of Claimant

a. Address of Claimant

b. Phone Number

c. Date of Birth

2. Name, telephone and post office address to which claimant desires notices to be sent, if different than above

3. Occurrence or event from which the claim arises:

a. Date

b. Time

c. Place (exact location)

d. How and under what circumstances did damage or injury occur? Specify the particular occurrence, event, or act of omission you claim caused the injury or damage (use additional paper if necessary).

e. What particular action by the City, or its employees, caused the alleged injury or damage?

4. Provide a description of the injury, property damage or loss so far as it is known at the time of the claim. If there were no injuries, state "No injuries."

5. Give name(s) of the City employee(s) causing the damage or injury

6. Name and address of any other person injured

7. Name and address of the owner of any damaged property

8. Damages claimed

a. Amount claimed as of this date

b. Estimated amount of future costs

c. Total amount claimed

d. Basis for computation of amounts claimed (include all copies of bills, invoices, estimates, etc)

9. Names and addresses of all witnesses, hospitals, doctors, etc.

a.

b.

c.

d.

10. Any additional information that might be helpful in considering the claim

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM.** (Penal Code 72, insurance Code 556.1) I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief as to such matter I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_

Claimant's Signature \_\_\_\_\_