

**CITY OF PALM SPRINGS**

**CLAIM FOR DAMAGES**

**To Persons or Property**

Reserved for filing stamp

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CLAIM NO. \_\_\_\_\_

**NAME OF CLAIMANT:**

\_\_\_\_\_

Last First

**Home Address** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Driver's License No.** \_\_\_\_\_

**READ ENTIRE FORM  
BEFORE COMPLETING**

**PLEASE NOTE:**

- A. Claims for death, injury to person or to personal property must be filed no later than 6 months after the occurrence. Claims for damages to real property must be filed no later than one year after the occurrence. (See Government Code §911.2)
- B. Be sure your claim is against the City of Palm Springs, not another public entity.
- C. Where space is insufficient, please use additional paper and identify information by paragraph number.
- D. Claimant is advised to consult a private attorney if legal advice is desired. No employee of the City may give legal advice to any claimant relating to private claims.
- E. Completed claims must be mailed or delivered to: **City of Palm Springs, Attn: City Clerk, 3200 East Tahquitz Canyon Way, Palm Springs, CA 92262.**

1. NAME, TELEPHONE NUMBER, AND ADDRESS TO WHICH CLAIMANT DESIRES NOTICES TO BE SENT, IF OTHER THAN ABOVE:

\_\_\_\_\_

2. OCCURRENCE OR EVENT FROM WHICH CLAIM ARISES:

a. DATE: \_\_\_\_\_ b. TIME: \_\_\_\_\_

c. PLACE (State specific location, and locate on diagram on page three where appropriate. Include street names and addresses):

\_\_\_\_\_

d. HOW, AND UNDER WHAT CIRCUMSTANCES, DID DAMAGE OR INJURY OCCUR? SPECIFY THE PARTICULAR OCCURRENCE, EVENT, ACT, OR 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 DAMAGE OR INJURY?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. GIVE THE NAME(S) OF THE CITY EMPLOYEE(S) CAUSING THE DAMAGE OR INJURY, IF KNOWN: \_\_\_\_\_

\_\_\_\_\_

3. GIVE A DESCRIPTION OF THE INJURY, PROPERTY DAMAGE, OR LOSS, SO FAR AS IS KNOWN AT THE TIME OF THIS CLAIM:

\_\_\_\_\_  
\_\_\_\_\_

4. DAMAGES CLAIMED:

a. IS THE AMOUNT OF DAMAGES CLAIMED OVER \$10,000? YES  NO

b. IF THE AMOUNT CLAIMED IS UNDER \$10,000, STATE AMOUNT CLAIMED: \$ \_\_\_\_\_

c. IF THE AMOUNT CLAIMED EXCEEDS \$10,000, IT IS NOT REQUIRED THAT A DOLLAR AMOUNT BE PROVIDED. HOWEVER, YOUR CLAIM MUST INDICATE WHETHER IT WOULD BE A LIMITED CIVIL CASE. A LIMITED CIVIL CASE IS ONE WHERE THE RECOVERY SOUGHT, EXCLUSIVE OF ATTORNEY FEES, INTEREST AND COURT COSTS, DOES NOT EXCEED \$25,000. AN UNLIMITED CIVIL CASE IS ONE IN WHICH THE RECOVERY SOUGHT IS MORE THAN \$25,000. (See Code of Civil Procedure §86)

LIMITED CIVIL CASE

UNLIMITED CIVIL CASE

d. BASIS FOR COMPUTATION OF AMOUNT CLAIMED (INCLUDE COPIES OF ALL BILLS, INVOICES, ESTIMATES, ETC.):

\_\_\_\_\_

5. NAMES AND ADDRESSES OF ANY OTHER PERSONS INJURED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. NAMES AND ADDRESSES OF OWNERS OF ANY DAMAGES PROPERTY: \_\_\_\_\_

\_\_\_\_\_

7. NAMES AND ADDRESSES OF WITNESSES, IF ANY: \_\_\_\_\_

\_\_\_\_\_

8. NAMES AND ADDRESSES OF ALL PHYSICIANS OR HOSPITALS WHERE CLAIMANT WAS TREATED, IF ANY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

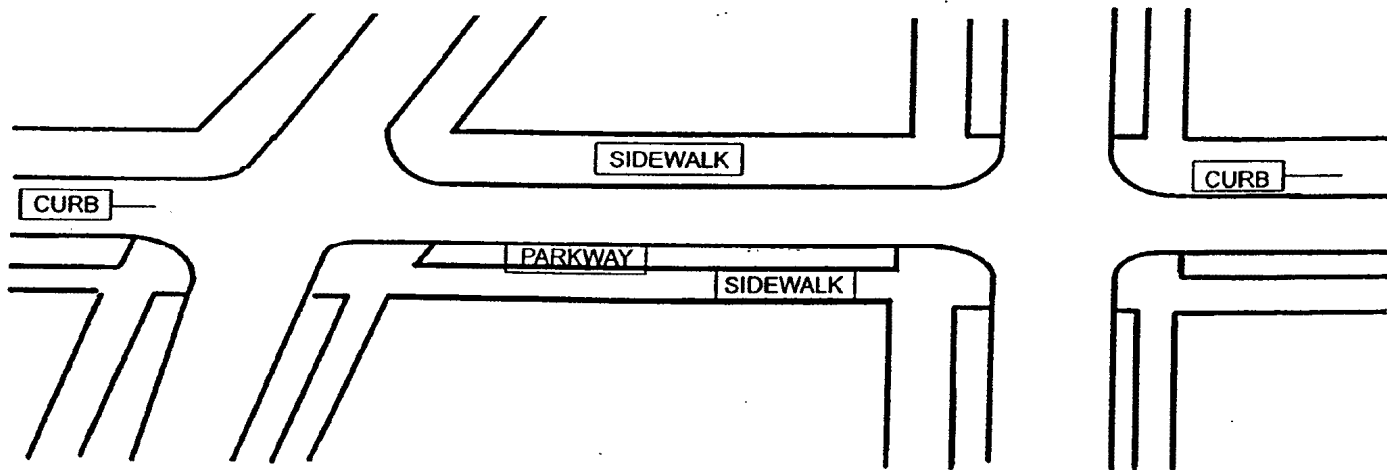
9. ANY ADDITIONAL INFORMATION THAT MIGHT BE HELPFUL IN CONSIDERING CLAIM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**READ CAREFULLY**

For all accident claims, place on following diagram names of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. If City Vehicle was involved, designate by letter "A" location of City Vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City Vehicle; location of City Vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X". NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



**I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLACE

\_\_\_\_\_  
CLAIMANT'S SIGNATURE

\_\_\_\_\_  
PRINTED NAME