



City of Laguna Hills
**CLAIMS FOR DAMAGES
 TO PERSON OR PROPERTY**

COMPLETED CLAIMS MUST BE FILED WITH: City Clerk's Office, 24035 El Toro Road, Laguna Hills, CA 92653
jlee@lagunahillsca.gov

Instructions

1. Claims for death or injury to person or to personal property must be filed not later than six months after the occurrence (Government Code Section 911.2). Be sure your claim is against the City of Laguna Hills, not another public entity.
2. Claims for damages to real property must be filed not later than one year after the occurrence (Government Code Section 911.2).
3. Read the entire claim before filing.
4. This claim form must be signed by the Claimant, if Claimant is a representative, the Representative Information section on the last page must be completed.
5. Attach additional sheets, if necessary, to give full details.
6. Claims must be filed with the City Clerk (Government Code Section 915a).

RESERVE FOR DATE STAMP

CLAIM NO. _____

Received by: _____

Via: U.S. Mail
 Hand Delivered
 Electronic Submittal

To: **City of Laguna Hills**

THE UNDERSIGNED, AS CLAIMANT, RESPECTFULLY SUBMITS THE FOLLOWING CLAIM AND INFORMATION RELATIVE TO DAMAGE TO PERSONS AND/OR PERSONAL PROPERTY PURSUANT TO THE PROVISIONS OF SECTIONS 900 THROUGH 915.2 OF THE CALIFORNIA GOVERNMENT CODE:

Name of Claimant	Phone Number of Claimant	Email of Claimant
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Home Address of Claimant	City State & Zip
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Is the claim filed on behalf of a minor? Yes No

If yes, please state relationship to the minor Minor's Date of Birth

When did the damage or injury occur? <small>(Provide exact date and hour)</small>	Names of any City employee(s) involved in damage or injury
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When did the incident or event that caused the damage or injury occur, if different from date of damage or injury?

When did you discover the damage or injury, if the discovery date is different from date of damage or injury?

Where did the damage or injury occur?
(State specific location. Give street names and addresses and measurements from landmarks.)

How did the damage or injury occur? (Provide full details)

Describe the specific damage or injury incurred as a result of the incident (Provide full details)

Provide names and addresses of any other persons injured

Name	Address	Phone
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Provide names and addresses of owners of any damaged property

Name	Address	Phone
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I HAVE READ THE MATTERS AND STATEMENTS MADE IN THE ABOVE CLAIM AND KNOW THE SAME TO BE TRUE OF MY OWN KNOWLEDGE, EXCEPT AS TO THOSE MATTERS STATED UPON INFORMATION OR BELIEF AND AS TO SUCH MATTERS I BELIEVE THAT SAME TO BE TRUE. I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signed on _____, at _____, _____
(City) (State)

Signature of Claimant or person filing on Claimant's
behalf, Giving relationship to Claimant

Typed/Printed Name

Representative Information (must be completed, if an attorney or authorized representative files the claim)

Name of Attorney/Representative:

Mailing Address:

Email Address:

Phone (including area code):