



RESERVE FOR FILING STAMP
(City use only)

CLAIM NO: _____

TIME & DATE FILED WITH
FINANCE DEPARTMENT

NOTICE OF CLAIM AGAINST THE CITY OF INDIO, CALIFORNIA

(Government Code § 910, 910.2)

Instructions (Please read entire claim form carefully before filing):

- Claims related to injury to person or damage to personal property must be presented to the City of Indio within six (6) months from the date of loss.
- Claims related to any other loss must be presented to the City of Indio no later than one (1) year from the date of loss.
- Answer items 1 through 10 fully and to the best of your knowledge and information. Failure to do so with respect to items 1 through 10 may result in your claim being found insufficient. Answer items 11 through 17 fully and to the best of your knowledge and information. Items 11 through 17 will assist the City in considering this claim.
- If more space is needed to provide requested information, please contact the City of Indio Risk Management Analyst at 760-391-4066.
- Legal advice concerning your claim should be obtained from your own lawyer.

MAIL/DELIVER TO: Human Resources

Attn: Mayra Hernandez
City of Indio, City Hall
100 Civic Center Mall
Indio, CA 92201

1. Claimant's Name: _____ Date of Birth: _____

2. Claimant's Address: _____

3. Claimant's Mailing Address (If different from above) _____

4. Claimant's SSN (optional): ____ - ____ - ____ Home Phone (Optional): _____

5. Date of Occurrence or Transaction: _____ Time of Occurrence or Transaction _____

6. Location of Loss (Specify in as much detail as possible): _____

7. Description of Incident/accident which caused you to file this claim?

8. What specific injury, damages or other losses did you incur? _____

9. What is the name (s) of the City employee (s) whom you allege caused your injury, damage or loss, if known?

10. 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; jurisdiction rests in Municipal Court.

The amount claimed is more that \$25,000; jurisdiction rests in Superior Court.

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

Damage to property \$ _____

Expenses for medical and hospital care \$ _____

Loss of earnings \$ _____

Special Damages \$ _____

Total damages incurred to date \$ _____

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

13. List the names, addresses and phone numbers of all hospitals and doctors visited, due to alleged incident:

14. Why do you claim that the City of Indio or its City employee(s) are the cause of your inquiry, damages or loss?

15. List names, addresses and phone numbers of all persons who can substantiate your claim:

16. Any additional information that you believe might be helpful to the City of Indio in considering this claim:

17. All notices and communications with regard to this claim will be directed to the Claimant shown in lines 1,2 and 3, unless you complete the following to identify whom further communication should be directed:

Name: _____ Relationship: _____

Address: _____ State _____ Zip Code: _____

Daytime Phone: (____) _____ Home Phone: _____

I/We, the undersigned, declare under penalty of perjury that I/we have read the foregoing claim for damages and know that 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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(Note: If someone on behalf of the claimant files claim, the person filing the claim must sign below.)

Printed Name	Signature	Date Signed
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Warning: Presentation for allowance or payment of a false or fraudulent claim, with intent to defraud, is a crime punishable as a felony under California Penal Code § 72, and Insurance Code § 1871.1