

# CITY OF SANTA MARIA - CLAIM FORM

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For Official Use Only

Name of Claimant \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)  
Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Soc. Security # \_\_\_\_\_  
Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Cell/pager ( ) \_\_\_\_\_ CA Driver's Lic# \_\_\_\_\_

**Type of Loss:**  Personal Injury Other \_\_\_\_\_ **Police Report #** \_\_\_\_\_  
 Property Damage  Indemnity-Date complaint served \_\_\_\_\_

**When did injury or damage occur?** \_\_\_\_\_ AM/PM  
(Month/Day/Year) (Day of Week) (Time)

**Where did injury or damage occur?** (Street address, intersecting streets, or other location)

**How did injury or damage occur?** (Describe accident or occurrence, attach additional paper if necessary)

**What action or inaction of City employee(s) caused your injury or damage?**

**What injury or damage did you suffer?**

**Name of any witnesses**

\_\_\_\_\_  
(Name) (Address) (Phone Number)

\_\_\_\_\_  
(Name) (Address) (Phone Number)

**Name of City of Santa Maria employee(s) involved?** \_\_\_\_\_

**Is Total Amount of Claim Greater than \$10,000** Yes \_\_\_ No \_\_\_ If YES, is this a Limited Civil Case Yes \_\_\_ No \_\_\_

If NO, state the amount claimed: Personal Injury \$ \_\_\_\_\_ Property Damage \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

NOTE: Please attach copies of supporting documentation for the amounts claimed.

**If claim relates to an automobile accident, please answer the following and ATTACH PROOF OF INSURANCE:**

Please check here if there was no insurance coverage in effect at time of incident

Insurance policy # \_\_\_\_\_ Insurance Company \_\_\_\_\_

Insurance Broker/Agent \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:**

Name (Mr./ Mrs./ Ms.) \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

**Warning:** California State Law generally requires that most claims against a public entity, such as the City of Santa Maria, be presented within **SIX (6) MONTHS** from the date of the action or incident giving rise to the claim. Certain other claims must be filed within **ONE (1) YEAR** from the action or incident. You should check the Government Code to determine what presentation period applies in your case.

Signature

Relationship (self, attorney, guardian, etc.)

Date

# CLAIM AGAINST THE CITY OF SANTA MARIA

## INSTRUCTIONS

On the reverse side of the sheet is a claim form CCFORM 6: Claim against the City of Santa Maria. The original and all attachments are to be filed with the City Clerk's Office. You should retain a copy for your records. Please send to this address:

City Clerk  
City of Santa Maria  
110 E. Cook Street, Room 3  
Santa Maria, CA 93454

NOTICE: The City Clerk's Office is the **ONLY** office to which claims may be submitted. Claims are **NOT** to be sent to the City Attorney or any other City Department.

**Please fill out claim form completely. Additional sheets may be attached if more space is needed. Missing information may delay the processing of your claim. Please print.**

## PROCEDURES

Claims received by the City Clerk's Office are forwarded to the City of Santa Maria's Claims Administrator. All claimants are then notified that action will be taken within 45 days, or otherwise notified as to the claim itself.

If recommended for denial by the Administrator, your claim will then be submitted to the City Attorney for final, official rejection. You will be sent a letter from the City Attorney or his/her designee, notifying you of the action taken and of any further action necessary or available to you.

|                                  |       |
|----------------------------------|-------|
| City Clerk's Office Only         |       |
| Claim was received by:           |       |
| U.S. Mail                        | _____ |
| In Person                        | _____ |
| Other                            | _____ |
| Receiving Persons Initials _____ |       |