

CLAIM AGAINST THE CITY OF SANTA MARIA

INSTRUCTIONS

The following is the City of Santa Maria's Claim Form. The original Claim Form 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 OF SANTA MARIA
 110 E. COOK STREET, SANTA MARIA, CA 93454
 (805) 925-0951 ♦ FAX (805) 925-2243
www.cityofsantamaria.com



CLAIM FORM

FOR OFFICIAL USE
CLAIM # ASSIGNED: L- _____ - _____
FILED/RECEIVED
RECEIVED VIA: <input type="checkbox"/> Personal Delivery/Service <input type="checkbox"/> US Mail

Name of Claimant – Last Name		First Name		Middle Name
Date of Birth	Soc. Security #		CA Driver's Lic #	
Home Address		City/State		Zip
Daytime Phone ()	Evening Phone ()	Cell Phone ()	Email	

TYPE OF LOSS:
<input type="checkbox"/> Personal Injury <input type="checkbox"/> Property Damage
<input type="checkbox"/> Other _____
<input type="checkbox"/> Indemnity – Date Complaint Served _____

When did injury/damage occur? Month/Day/Year	Day of week	Time (AM/PM)	Police Report # (if any)
--	-------------	--------------	--------------------------

Where did injury/damage occur? (Provide street address, intersecting streets or other location)

How did injury/damage occur? (Describe accident or occurrence and attach additional documentation if necessary)

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

What injury or damage did you suffer?

WITNESSES:	Name	Address	Phone
1)			
2)			

Name(s) of City of Santa Maria employee(s) involved?	Does claim relate to automobile accident? <input type="checkbox"/> YES, Attach Proof of Insurance NO <input type="checkbox"/>
	Was INSURANCE COVERAGE in effect at the time of incident? YES <input type="checkbox"/> NO <input type="checkbox"/>

Is Total Amount of Claim Greater than \$10,000? YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO, state the amount claimed (Indicate a specific dollar amount, not a range)
If YES, is this a Limited Civil Case? YES <input type="checkbox"/> NO <input type="checkbox"/>	Property Damage \$ _____ Personal Injury \$ _____
	Other \$ _____

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

ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:		
Name (Mr./ Mrs./ Ms.)		Daytime Phone
Address	City/State	Zip Code

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 of Claimant/Legal Representative	Relationship (self, attorney, guardian, etc.)	Date
--	---	------