



CITY OF SANTA MARIA

110 E. COOK STREET, SANTA MARIA, CA 93454
(805) 925-0951 ext. 2306 ♦ FAX (805) 925-2243

www.cityofsantamaria.org



CLAIM FORM

PLEASE READ INSTRUCTIONS ON OTHER SIDE FIRST

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)
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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
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CLAIM AGAINST THE CITY OF SANTA MARIA

INSTRUCTIONS

On the reverse side is a Claim Form for making a claim against the City of Santa Maria. 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
(805) 925-0951, ext. 2306

An interactive version of the Claim Form is available on the City's website [<http://www.cityofsantamaria.org/home/showdocument?id=7301>]. It may be completed online and printed for an original signature.

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 for damages must be filed no later than six months or 182 days, whichever is longer, from the date of occurrence (State's statute of limitations). For real property claims, filing must occur within one year.

Once received by the City Clerk's Office, claims are forwarded to the City's Risk Management Division for processing. Your claim will be investigated and processed and a written recommendation for approval or denial will be issued. The process takes from six to eight weeks.

For additional information, please contact the City Clerk's Office, or the Risk Division at (805) 925-0951 ext 2421.