

Return to: CITY CLERK  
333 West Ocean Blvd.  
Long Beach, CA 90802

**CLAIM FOR DAMAGES**  
AGAINST CITY OF LONG BEACH

RESERVE FOR FILING STAMP  
FILE NO.

1. Claims for death, injury to person or to personal property must be filed not later than 6 months after date of occurrence. (Gov. Code Sec. 911.2)
2. Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code Sec. 911.2)
3. Read entire claim for before filing.
4. Fill in each line completely.
5. Attach separate sheets, if necessary, to give full details.

Name of Claimant (type or print)	Date of Birth	Driver License #
Home Address of Claimant	City, State, Zip Code	Telephone #
Business Address of Claimant	City, State, Zip Code	Telephone #

Give name and address to which notices or communications are to be sent regarding this claim:

Date of incident:	Time of occurrence:	Exact location of occurrence:
(Month) (Day) (Year)	A M	

License number and make of vehicle(s) involved (if applicable):

What happened?

Were Police at scene?  Yes  No

Why is City of Long Beach responsible? Give name of public employee involved, if known.

Give total amount of claim. (Include estimated amount of any prospective injury or damage):

How was amount of claim computed? (Be specific. List doctor bill, wage rate, repair estimates, etc.):  
PLEASE ATTACH ESTIMATES.

List names and addresses of witnesses; doctors and hospitals; insurance companies:

*Return ORIGINAL to City Clerk.*

*Keep a Copy for your File*

**CLAIMS MUST BE FILED with CITY CLERK**

([Cal. Gov.](#) Code Sec. 915a)

(Claim may be mailed to Clerk)

NOTE: Presentation of a false claim is a felony

(Cal. Pen. Code Sec. 72)

I certify under penalty of perjury that the foregoing is true and correct.

(Signed) \_\_\_\_\_

IF MINOR (UNDER 18) PARENT OR GUARDIAN MUST SIGN FORM

**Signature of Claimant or person** filing on his behalf-giving relationship to Claimant.

CITY

DATE