

CLAIM FOR DAMAGES

Against City of Long Beach

Please complete **ALL** applicable fields. CLAIMS MUST BE FILED with CITY CLERK.
Return ORIGINAL with attached SUPPORTING DOCUMENTS to:

City Clerk
333 West Ocean Blvd
Long Beach, CA 90802

Reserve for filing Stamp

Claims for death, injury to person or to personal property must be filed no later than 6 months after date of occurrence. Claims for damages to real property must be filed no later than 1 year after the occurrence. (Gov. Code Sec. 911.2)

For additional information on our claims process, please visit LongBeach.Gov. The Office of the City Attorney- Claims

Name of Claimant	Date of Birth	Driver License #	
Home Address of Claimant	City, State, Zip Code	Telephone #	
Claimants Vehicle Make	Model	License Plate #	Color
Name, Address and Phone Number to which notices or communication are to be sent to regarding this claim			

Date of Incident:	Time of Occurrence:	EXACT Location of Occurrence:
____/____/____	____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	_____

Claim is for:	Total Amount of Claim <i>(Include estimated amount of any prospective injury or damage):</i>
<input type="checkbox"/> Death/Injury <input type="checkbox"/> Personal Property	_____
<input type="checkbox"/> Real Property <input type="checkbox"/> Other	How was the claim computed? <i>(Be specific. List bills/payments, estimates etc.)</i>
Explain:	_____

What happened? *(attach additional page if needed)*

Why is the City of Long Beach Responsible?

Were the Police at scene? Yes No If YES, please provide police report number: _____

Names and Phone Numbers of Witnesses: _____

City of Long Beach Department involved: _____ Name of Public Employee Involved: _____

If a City Vehicle was involved, please provide license number and make/model of vehicle: _____

Has this claim been reported to an Insurance Company? Yes No If YES, please provide:

Insurance Company Name: _____ Claim Number: _____

Claims Representatives Name: _____ Phone Number: (_____) _____ x _____

Additional Information related to claim: _____

- Please Remember to:
- ✓ Attach all supporting documents to claim form
 - ✓ Retain copies for your records
 - ✓ Submit original form with documents via mail or directly to City 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