

CITY OF GROVER BEACH - CLAIM FORM

◆◆◆◆ PLEASE READ INSTRUCTIONS ON OTHER SIDE FIRST ◆◆◆◆

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) _____

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 Grover Beach 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 the time of the 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 Grover Beach, 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 GROVER BEACH

INSTRUCTIONS

The original and any attachments are to be filed with the City Clerk. Retain one copy for your records. Please mail to the address below or you can email the claim form and any supporting documents to gadmin@groverbeach.org:

Office of the City Clerk
Grover Beach City Hall
154 South Eighth Street
Grover Beach, CA 93433

***NOTICE:** The City Clerk 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 this 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 are forwarded to the Claims Administrator for the City of Grover Beach – Carl Warren & Company in San Luis Obispo. 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 Clerk for final, official rejection. You will be sent a letter from the City Clerk or his/her designee, notifying you of the action taken and of any further action necessary or available to you.

**** All claims are public record ****