



**NOTICE OF CLAIM  
AGAINST THE CITY OF SAN CLEMENTE, CALIFORNIA**

**INSTRUCTIONS** (Please read carefully):

Claims related to injury to person or damage to personal property must be presented to the City within six (6) months from the date of loss (Gov. Code Sec 911.2).

Claims related to any other loss must be presented not later than one (1) year from the date of loss (Gov. Code Sec 911.2).

Answer all items fully and to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient. If more space is needed to provide requested information, please attach additional pages and identify the paragraph(s) being answered.

**TO: City Clerk  
City of San Clemente, City Hall  
910 Calle Negocio  
San Clemente, CA 92673**

\_\_\_\_\_  
Date Filed - City Use Only

1. Claimant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

2. Claimant's Mailing Address:

\_\_\_\_\_  
Street Number – Street - Apt No. – City – State - Zip

3. Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_

4. Location of Loss: *Specify in as much detail as possible.*

*Example: 5 feet west of east corner of Avenida Del Mar and El Camino Real*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Description of incident/accident that caused you to make this claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What specific injury, damages, or other losses did you incur?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What amount of money are you seeking to recover? *Check one of the boxes below:*

- The amount claimed totals less than \$10,000. Enter the amount claimed here: \$ \_\_\_\_\_
- The amount claimed is more than \$10,000 but not over \$25,000; jurisdiction rests in Municipal Court.
- The amount claimed is more than \$25,000; jurisdiction rests in Superior Court.

8. How was this amount calculated?: *Itemize and attach bills, repair estimates, receipts, etc. If claim is for vehicle damage, obtain and attach two (2) repair estimates.*

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9. What is your basis for claiming that the City or City employee(s) are the cause of your injury, damages, or loss?:

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10. What are the name(s) of the City employee(s) whom you allege caused your injury, damage, or loss, if known?:

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11. Name, address, and phone number of any witnesses who can substantiate your claim:

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12. Any additional information that you believe might be helpful to the City in considering this claim:

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13. All notices and communications with regard to this claim will be directed to the Claimant shown in lines 1 and 2 above unless you complete the following to identify to whom further communication should be directed:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

I/We, the undersigned, declare under penalty of perjury that I/we have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/we believe to be true.

\_\_\_\_\_  
Claimant Printed Name                      Claimant Signature                      Date

*Note: If someone files the claim on behalf of the claimant, the person making the claim on behalf of the claimant should sign above.*

\_\_\_\_\_  
Claimant Printed Name                      Claimant Signature                      Date

**WARNING: Penal Code Section 72 makes it a crime punishable by imprisonment to submit a “false or fraudulent claim” for payment to a city or public district, and Code of Civil Procedures Section 1038 authorizes the award of attorney fees against a claimant who brings a claim that is “not brought in good faith and with reasonable cause.”**