

State amount claimed. **Failure to state amount claimed will result in claim form being returned with no action taken.**

- The amount claimed totals less than \$10,000. Enter the amount claimed here: \$ _____.
- The amount claimed totals more than \$10,000, but not over \$25,000 (this is a Limited Civil Case).
- The amount claimed is more than \$25,000 (this is not a Limited Civil Case).

List names and addresses of all witnesses who saw or may be able to substantiate your claim:

Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

Are you claiming any injuries? Yes [] No [] Description of injuries: _____

Attach medical bills and list names and addresses of all hospitals, doctors and medical providers you have seen:

Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

Are you claiming any property damage? Yes [] No [] Describe property and attach copies of three repair estimates or replacement invoices. If property is owned by another party, list contact information for that party: _____

Are you claiming any loss of income? Yes [] No [] Amount of claim: _____
Nature of job: _____
Company Name: _____ Address: _____
Supervisor Name: _____ Phone: _____

Describe any other injury, loss, or damage that you have incurred as a result of this accident; and provide any additional information that you believe might be helpful to the City in considering this claim: _____

The person signing this claim states, under penalty of perjury, that all information and statements made in the above Claim Against the City of Costa Mesa are TRUE and CORRECT.

Date Signed

Signature of Claimant (or Guardian if Claimant is a minor)

WARNING: PRESENTATION FOR ALLOWANCE OR PAYMENT OF A FALSE OR FRAUDULENT CLAIM, WITH INTENT TO DEFRAUD, IS A CRIME PUNISHABLE AS A FELONY UNDER CALIFORNIA PENAL CODE, SECTION 72.