CITY OF CHINO HILLS

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

Reserved for Filing Stamp
(City Use Only)

1. Claims for injury or death to person, or damage to personal property, must be filed no later than six (6) months after the occurrence (Gov. Code § 911.2).
2. Claims for damages to real property must be filed no later than one (1) year after occurrence (Gov. Code § 911.2).
3. Attach separate sheets, if necessary, to give full details (SIGN AND DATE EACH SHEET).
4. This claim form must be signed, dated, and presented by personal delivery, mail, email, or in electronic form with verified signature.
5. Pursuant to Government Code§ 915a, claims must be filed with the City Clerk.
6. Pursuant to the Public Records Act, the submitted claim is subject to public disclosure and may be released to the public upon request, including the media.
7. Any information listed with an asterisk "*" is required information and must be provided to complete claim for damages. All other information is optional.

Mail, email, or drop off to: City Clerk
City of Chino Hills
14000 City Center Drive
Chino Hills, CA 91709
claims@chinohills.org

City Use Only: Received Via ☐ US Mail ☐ In Person ☐ Email

A. Claimant's Information			
Claimant's Name (First, Middle, Last)*			**Age of Claimant:**
Claimant's Address*			**Claimant's Phone Number***
City*	**State***	**Zip***	**Claimant's Email Address***
Address (if different from home) to which notices/communications regarding this claim are to be sent.			**Phone Number**
Address			**Email Address**
City	**State**	**Zip**	

B. Incident information				
Date of Incident*	**Month**	**Day**	**Year**	**Time of Incident*** ☐ **AM** ☐ **PM**

B. (Continued) Where did the damage or injury occur? Describe fully and where appropriate, provide street names and addresses.*

C. Description of Alleged Injury, Property Damage, or Loss*

Additional Information - Please provide any additional information that might be helpful in considering your claim, including names of witnesses, treating physicians, hospitals, proof of damages such as invoices, receipts, estimates, a diagram, and photographs. **Please attach additional sheets if necessary.** Additional documentation submitted with claim becomes part of the permanent record.

E. What particular act or omission do you claim caused the injury or damage? If applicable, provide the names of any City employees whom you allege caused the injury or damage, if known.

F. Damages Claimed - What amount do you claim as a result of each injury or item damaged as of the date this claim is being presented. If your claim does not exceed ten thousand dollars ($10,000), state the basis of your computation of the amount claimed. (Attach supporting Medical bills, invoices, repair estimates, etc.)*

Amount claimed as of the date of the claim	**$**
Estimated amount of future costs	**$**
Total Amount	**$**

If your claim exceeds ten thousand ($10,000), Government Code 910(f) requires that you indicate whether or not the claim is a "limited civil case", check one:

☐ **Limited (up to $35,000)** ☐ **Unlimited (over $35,000)**

List any insurance payments received, including the name of the Insurance Company.

READ CAREFULLY

Warning: It is a criminal offense to file a false claim. (California Penal Code § 72). 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.

G. Signature - Claim form **must** be signed by the claimant or party filing the claim. (Gov. Code Section 910.2)

_____ _____

Printed Name of Claimant or Person filing on their behalf* Relationship to Claimant (self, attorney, guardian, etc.)*

_____ _____

Signature of Claimant or Person filing on their behalf* Date Signed*