



## **NOTICE OF CLAIM AGAINST THE CITY OF WALNUT, 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.

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

(Government Code § 910, 910.2, 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 identifying paragraph(s) being answered.

To: City Clerk  
City of Walnut  
21201 La Puente Road  
Walnut, CA 91789

1. Claimant's Name: \_\_\_\_\_
2. Claimants Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Claimants Phone Number(s): \_\_\_\_\_
4. Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_
5. Location of Loss (Specify in as much detail as possible) \_\_\_\_\_  
\_\_\_\_\_
6. Description of incident/accident that caused you to make this claim: \_\_\_\_\_  
\_\_\_\_\_
7. What specific injury, damages or other losses did you incur? \_\_\_\_\_  
\_\_\_\_\_

8. List damages incurred to date (Attach copies of receipts, repair estimates, bills, invoices and any other documentation to prove your loss):

\_\_\_\_\_

9. What are your total estimated prospective damages? \_\_\_\_\_

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

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

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

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

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

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

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: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

**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 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: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

Date Signed: \_\_\_\_\_

**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."**