## **CITY OF COMMERCE, CALIFORNIA**

## CLAIM FOR DAMAGE OR INJURY (Gov. Code §910)

## Return completed form to:

Human Resources City of Commerce 2535 Commerce Way Commerce, CA 90040 (323) 722-4805, Ext. 2266

FLLAS	ETTPE OK PRINT		
1.	Claims for death or injury to person or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code §911.2).		
2.	Claims for damages to real property must be filed not later than one (1) yea (Gov. Code §911.2).	r after the occurrence	
3.	Presentation of a false claim is a felony (Penal Code §72).		
Name	and Address of Claimant:	Telephone Number:	
	nant is a Minor, Name and Address of Legal Guardian:	Telephone Number:	
Name	of person, post office address and telephone number to whom notice of action on th	nis claim shall be sent:	
WHEN did damage or injury occur? (Give exact date & hour.)			
WHERE did damage or injury occur? (Give exact location.)			
<u>HOW</u> (	did damage or injury occur? (Give full details. Attach separate sheets, if necessary	.)	

<u>IDENTIFY</u> the name(s) of the public employee(s) causing the injury, damage or loss, if known.

	employees, or dangerous or defective conditions, do you		
claim caused the injury or damage? (Give full details.	Attach separate sheets, if necessary.)		
WHAT DAMAGE OR INJURIES do you claim resulted?			
ac yea claim resulted.			
	damage? Include the estimated amount of any prospective		
	ne presentation of this claim, together with the basis of ates or bills, if possible. If the amount claimed exceeds		
\$10,000.00, do not list dollar amount, but indicate if cla			
Names and addresses of witnesses, doctors and/or hospitals:			
Names and addresses of witnesses, doctors and/or nospitals.			
Other details: (Attach separate sheets, if necessary)			
I declare under penalty of perjury under the laws of the State of California that the above is true and correct.			
raddiare diladi perially of perjury diladi the laws of the	, State of Gamornia that the above is true and correct.		
	DATED this day of, 20		
	DATED this day of, 20		
	Claimant's signature		
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