

CLAIM AGAINST THE CITY OF SANTA ANA
(For damages to person or personal property)

A claim against the City Santa Ana must be filed with the Clerk of the Council of the City of Santa Ana not later than **six (6) months** after the incident or event occurred. Be sure your claim is against the City of Santa Ana, not another public entity. Please print or type all information. Completed claims must be delivered or mailed to:

Clerk of the Council
20 Civic Center Plaza, Room 809
Santa Ana, CA 92701

or

Clerk of the Council
PO Box 1988, M-30
Santa Ana, CA 92702

For Official Use Only

CLAIM NO: _____

RESERVE FOR FILING STAMP

Received via:

- U.S. Mail Over the Counter
 Interoffice Mail/Tube

TO THE HONORABLE MAYOR AND CITY COUNCIL:

The undersigned submits the following claim and information relative to damage to persons and/or personal property:

CLAIMANT INFORMATION (Please Print Clearly)

First, Middle, & Last Name

Social Security No.

Address

City

Zip

Gender
M F

Home Phone No.

Work/Cell Phone No.

Date of Birth (MM/DD/YY)

Driver's License No.

NAME AND ADDRESS TO WHICH NOTICES SHOULD BE SENT, IF OTHER THAN ABOVE

Name/Company

Phone Number

Address

City

Zip

IF REPRESENTED BY AN ATTORNEY, PROVIDE ATTORNEY INFORMATION

Law Firm

Attorney First & Last Name

Address

City

State

Zip

TIN:

EIN:

Federal Tax Identification No. or Employer Identification No.

Phone No.

Fax No.

OCCURRENCE OR EVENT FROM WHICH THE CLAIM ARISES

Date of Incident

Time of Incident

Exact Location of Incident

BASIS OF CLAIM (use additional paper if necessary)

State in detail how and under what circumstances the damage or injury occurred. Specify the particular occurrence, event, act or omission you claim caused the injury or damage. State why you believe the City is responsible for the alleged damage or injury.

Description of injury, property damage or loss, known at the time of this claim. (If there were no injuries, state "no injuries")

Name of City employee(s) and department causing the damage or injury. If available, include police incident report number.

NAME AND ADDRESS OF ALL WITNESSES, HOSPITALS, DOCTORS

Name	Address	Phone No.

COMPLETE THIS SECTION IF INJURIES ARE INVOLVED

Are you receiving or have you received any Medicare or Medicaid benefits? Yes No

If yes, describe what benefits you are receiving or have received: _____

AMOUNT OF CLAIM: \$ _____ (Attach supporting documentation)

WARNING: It is a criminal offense to file a false claim (Penal Code 72)

Date

Signature of Claimant

LATE CLAIM: If you are filing a claim after six (6) months after the date of incident, but not exceeding one (1) year, you also need to file an "APPLICATION FOR LEAVE TO PRESENT A LATE CLAIM TO THE CITY OF SANTA ANA," which may be obtained from the Clerk of the Council or Risk Management.