



For Official Use Only

Postmark date if mailed: _____

**CITY OF PALOS VERDES ESTATES
GOVERNMENT CLAIM (Per Government Code Sec. 910.4)**

CLAIMANT

Name of Claimant Age Home Telephone Work Telephone

Mailing Address City State Zip Code

Send notices regarding this claim to (if different than the name and address from above):

CLAIM INFORMATION

Date of Incident (Mouth/Day/Year): _____ Time of Incident: _____

Location: _____

Describe injury, damage or loss that occurred as a result of this incident.

State the circumstances that gave rise to this claim. (State facts that support your claim and what particular action by the City or its employees, caused the alleged injury, damage, loss. Include names of employees, if known). Please attach an additional page, if needed.

Name of Claimant: _____

Amount of damage to date: _____

Estimated amount of future damages: _____

Total amount claimed: _____

State how the amount of the claim was computed (include copies of supporting documentation such as estimates, invoices, billing statements and receipts).

List the names of all witnesses to this incident, including address and phone numbers.

Provide any additional information that might be helpful in considering this claim.

REPRESENTATIVE (Complete only if claim is presented by someone acting on claimant's behalf.)

Name of Authorized Representative Telephone

Mailing Address City State Zip

SIGNATURE of Claimant or Authorized Representative Date

Deliver or Mail this claim form to:
City of Palos Verdes Estates
Attention: Human Resources and Risk Management
340 Palos Verdes Drive West
Palos Verdes Estates, CA 90274