

**NOTICE OF CLAIM
AGAINST THE CITY OF BRAWLEY, CALIFORNIA**

(Government Code § 910,910.2)

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 no later than one (1) year from the date of loss.

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: Brawley City Clerk
383 Main Street
Brawley, City Hall

Date and Time Filed with City Clerk
[City Use Only]

1. Claimant's Name: _____ Date of Birth: _____
Daytime Phone: () _____

2. Claimant's Mailing Address: _____

3. Claimant's Social Security Number: _____ Home Phone: () _____
Date of Loss: _____ Time of Loss: _____

5. Location of Loss (Specify in as much detail as possible. Example: 5 feet east of west corner of Elmira Road and Peabody: _____

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 are allege caused your injury, damages or loss, if known? _____

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

13. Any additional information that you believe might be helpful to the City in considering this claim:

14. All notices and communication 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: _____ Relationship: _____
Address: _____ State: _____ Zip: _____
Daytime Phone: () _____ Home Phone: () _____

I/We, the undersigned, declare under penalty of perjury that I/we have read to 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.

Claimant Printed Name Claimant Signature Date signed
(Note: If someone files the claim on behalf of the claimant, the person making the claim on behalf of the claimant should sign above.)

Claimant Printed Name Claimant 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."