

# CITY OF EL PASO DE ROBLES – CLAIM FORM

◆◆◆◆ PLEASE READ INSTRUCTIONS ON OTHER SIDE BEFORE COMPLETION ◆◆◆◆

For official use only

Pursuant to Section 910 of the Government Code, claim is presented to the City of Paso Robles, California, as follows:

Name of Claimant \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City, State, Zip \_\_\_\_\_ SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_ CA DL # \_\_\_\_\_  
(If different from above) (Street address) (State) (Zip Code)

Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Cell/Pgr ( ) \_\_\_\_\_

**TYPE OF LOSS**     Personal Injury     Property Damage     Police Report # \_\_\_\_\_

Other \_\_\_\_\_     Indemnity-Date complaint served \_\_\_\_\_

When did injury or damage occur? \_\_\_\_\_  
(Month/Day/Year) (Day of Week) (Time – AM? or PM?)

Where did injury or damage occur? (street address, intersecting streets, or other location) \_\_\_\_\_

How did injury or damage occur? (describe accident or occurrence) \_\_\_\_\_

What action or inaction of City employee(s) caused your injury or damage? \_\_\_\_\_

What injury or damage did you suffer? \_\_\_\_\_

Names of any witnesses \_\_\_\_\_  
(Name) (Address) (Phone Number)

\_\_\_\_\_  
(Name) (Address) (Phone Number)

Name of City employee(s) involved \_\_\_\_\_

State the amount claimed for:     Personal Injury \$ \_\_\_\_\_     Property Damage \$ \_\_\_\_\_

**NOTE: Please attach copies of supporting documentation for the amounts claimed**

IF CLAIM RELATES TO AN AUTOMOBILE ACCIDENT, PLEASE ANSWER THE FOLLOWING AND ATTACH PROOF OF INSURANCE

Please check here if there was no insurance coverage in effect at time of incident

Insurance Policy # \_\_\_\_\_ Insurance Company \_\_\_\_\_

Insurance Broker/Agent \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

**WARNING:** California State Law generally requires that most claims against a public entity, such as the City of Paso Robles, be presented within **SIX (6) MONTHS** from the date of the action or incident giving rise to the claim. Certain other claims must be filed within **ONE (1) YEAR** from the action or incident. You should check the Government Code to determine what presentation period applies in your case.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
RELATIONSHIP (self, attorney, guardian, etc.)

\_\_\_\_\_  
DATE

# CLAIM AGAINST THE CITY OF EL PASO DE ROBLES

## INSTRUCTIONS

On the reverse side of the sheet is a claim form: Claim Against the City of El Paso De Robles. The original and one identical copy of this form, together with one copy of all attachments, are to be filed with the Office of the City Clerk. Retain one copy for your records. Please send/deliver your claim to this address:

OFFICE OF THE CITY CLERK  
1000 Spring Street  
Paso Robles, CA 93446

NOTICE: The City Clerk's Office is the **ONLY** office to which claims may be submitted. Claims are **NOT** to be sent to the City Attorney, Risk Management, or any other City Department.

**Please fill out the claim form completely. Missing information may delay the processing of your claim. Please print.**

## PROCEDURES

Claims received by the Office of the City Clerk are forwarded to the City's Claims Administrator via the Risk Manager for the City. All claimants are then notified that action will be taken within 45 days, or otherwise notified as to the claim itself.

If recommended for denial by the Claims Administrator, you will be sent a letter from the Risk Manager notifying you of the action taken and of any further action necessary or available to you.

Government Code §§ 910 – 915.4 concern the presentation and consideration of claims.

***ALL CLAIMS ARE PUBLIC RECORDS***