

CLAIM AGAINST THE CITY OF BELLFLOWER

NOTE THAT THIS IS A PUBLIC RECORD AND MAY BE DISCLOSED IN ACCORDANCE WITH THE CALIFORNIA PUBLIC RECORDS ACT (GOVERNMENT CODE §§ 6250, ET SEQ.)

Received by _____ via
 Email U.S. Mail Over the Counter

DATE STAMP _____

Claims for death or injury to person or to personal property must be filed within six months after the occurrence. Claims for damages to real property must be filed within one year after the occurrence (Government Code §911.2).

Where space is insufficient, please use additional paper and identify information by paragraph number.

Completed claims must be mailed or presented to:

City of Bellflower – City Clerk
16600 Civic Center Drive
Bellflower, CA 90706-5494

The undersigned respectfully submits the following claim and information pursuant to the California Government Claims Act (Government Code § 810, *et seq.*):

1. Claimant Information:

Name: _____ Date of Birth: _____

Address: _____

Phone: _____

2. Date of Incident: _____ **Time of Incident:** _____

3. Describe in detail the basis of the claim:

4. Any additional information that might be helpful in considering claim:

5. **If you wish to use a legal representative**, please provide the name and address of your authorized representative, who as your attorney-in-fact, is authorized to receive and inspect your confidential tax information and perform any actions you might perform – such as signing agreements, consents, or other documents.

Name of authorized representative: _____

Address: _____

Telephone number: _____

6. Damages claimed:

Amount claimed as of this date: \$ _____

Estimated amount of future costs: \$ _____

Total amount claimed: \$ _____

Basis for computation of damages: (attach copies of all bills, invoices, estimates, photos, etc.)

7. Names and addresses of all witnesses including, without limitation, City employees:

WARNING: IT IS A CRIME TO FILE A FALSE CLAIM (Penal Code § 72)

I, _____, declare under penalty of perjury under California law, and do personally certify and attest that I have thoroughly reviewed the this claim, and know its contents, and said claim is made in good faith; the supporting data is truthful and accurate; that the amount requested accurately reflects the amount for which I believe District is liable; and, further, that I am familiar with California Penal Code § 72 and California Government Code § 12650, *et seq.*, pertaining to false claims, and further know and understand that submitting or certifying a false claim may lead to fines, imprisonment, and other severe legal consequences. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this day of _____ 20____.

Claimant's Signature: _____