CLAIM PRESENTED TO THE CITY OF PITTSBURG

Please read the instructions on the back before completing. FORM 4.1

1. Claimant's Name: (*Please Print)*

_____

Claimant's Address:

_____

City, State, Zip:

_____

Day Phone: ( ) _____ Eve: ( ) _____

Reserved for Filing Stamp

City Claim No.:

2. When did the damage or injury occur?
   Month: Day: Year: Time: a.m. or p.m.

3. At which location did the damage or injury occur? Police Report No.:

_____

4. a. What happened and why is the City responsible?

_____

_____

   b. Name and position of responsible City Employee(s), if known:

5. What damage or injury occurred?

_____

_____

6. Claim amount (only if less than $10,000):

_____

   If the amount exceeds $10,000, please check the court for appropriate jurisdiction:
   _____ Municipal Court (claims up to $25,000) ____ Superior Court (claims over $25,000)

7. How did you arrive at the amount claimed? Please attach documentation.

_____

_____

8. I declare under penalty of perjury under the laws of the State of California that the following information is true and correct, and that this declaration was executed on _____, 20____, at _____ CA.

_____

Signature of Claimant or Representative

9. Official Notices and Correspondence
   If represented by an insurance company or an attorney, please provide the information requested below:
   Name and Capacity:(*please print)*

   _____

   Address:

   _____

   City, State, Zip:

   _____

   Daytime Phone: _____ Evening: _____

PRESENTING A CLAIM TO THE CITY OF PITTSBURG

⇒ PLEASE TYPE OR PRINT CLEARLY ALL OF THE INFORMATION REQUESTED ON THE CLAIM FORM.
⇒ YOU MUST COMPLETE EACH SECTION OR YOUR CLAIM MAY BE RETURNED TO YOU AS INSUFFICIENT.
⇒ THE FOLLOWING PROVIDES SPECIFIC INSTRUCTIONS FOR COMPLETING EACH SECTION OF THE CLAIM FORM.

1. **NAME AND MAILING ADDRESS OF CLAIMANT** – State the full name and mailing address of the person(s) claiming damage or injury. Please include a daytime and evening telephone number.

2. **WHEN DID THE DAMAGE OR INJURY OCCUR?** – State the exact month, date, year, and approximate time (if known) of the incident which caused the alleged damage/injury.

   Under State law, claims relating to causes of action for personal injury, wrongful death, property damage, and crop damage must be presented to the City of Pittsburg no later than six months after the incident date. Please note that evidence of **"presentation"** includes a clear postmark date on an envelope, or a certification of personal service, or service by mail.

   When filing a claim beyond the six-month period, you must explain the reason the claim was not filed within the six-month period. This explanation is called "**application for leave to present a late claim".** In considering your claim, the City will first decide whether the late claim application should be granted or denied. (See Government Code Section 911.4 for the legally acceptable reasons a claim may be filed late.) Only if your late claim application is granted will the City then consider the merits of your claim.

   Claims relating to any cause of action other than personal injury, wrongful death, property damage, and crop damage must be presented no later than one year after the incident date. (See Government Code Section 911.2).

3. **AT WHICH LOCATION DID THE DAMAGE OR INJURY OCCUR?** – Please include street address, city, county, intersection, etc. If possible, also include the Police Report number.

4. **WHAT HAPPENED AND WHY IS THE CITY RESPONSIBILE?** – Please explain the circumstances that led to the alleged damage or injury. State all facts which support your claim with the City and why you believe the City is responsible for the alleged damage or injury. If known, identify the name of the City Department(s) and/or City employee(s) that allegedly caused the damage or injury.

5. **WHAT DAMAGE OR INJURY OCCURRED?** – Provide in full a detailed description of the damage/injury that allegedly resulted from the incident. (What specific damage or injury do you claim resulted from the alleged actions?)

6. **CLAIM AMOUNT:** - State the specific total dollar amount you are claiming as result of the alleged damage/injury. If damage/injury is continuing or is anticipated in the future, indicate with a "+" following the dollar figure if $10,000 or under. If the total dollar amount is unspecified or exceeds $10,000, designate the appropriate court jurisdiction for the claim.

7. **HOW DID YOU ARRIVE AT THE AMOUNT CLAIMED?** – Provide a breakdown of how the total amount that you are claiming was computed. You may declare expenses incurred and/or future anticipated expenses. If you have supporting documentation (i.e., bills, payment receipts, cost estimates) please attach copies of them to your claim.

8. **SIGNATURE:** - The claim must be signed by the claimant or by the attorney/representative of the claimant. The City will not accept the claim without a property signature. Government Code Section 910.2 provides: "The claim shall be signed by the claimant or by some person on his/her behalf."

9. **OFFICIAL NOTICES AND CORRESPONDENCE -** Provide the name and mailing address of the person to whom all official notices and other correspondence from the City should be sent, only if other than claimant. Please provide telephone numbers for the representative, if applicable.

⇒ SUBMIT COMPLETED AND RELATED DOCUMENTATION TO: The City Clerk of the City of Pittsburg, 65 Civic Avenue, Pittsburg, CA 94565. Personal service of claims can be accomplished during regular City business hours (8:00 a.m. to 5:00 p.m.), Monday through Friday (excluding City holidays) at the City of Pittsburg Civic Center, 65 Civic Avenue, 3rd Floor, Pittsburg, CA 94565.

⇒ If you wish to receive a stamped copy of your claim, return the form to the City Clerk with a cover letter along with a stamped, self addressed envelope informing the City of your request.

⇒ You will receive a letter from the Risk Management Office indicating your claim has been received and is being investigated. You will receive an explanation of the investigation results within 45 days in most instances.

If, after reading these instructions, you have questions or need additional information regarding the filing of a claim with the City Clerk of Pittsburg, please contact the City Clerk's staff at (925) 252-4850.

Please return this claim form to: Office of the City Clerk, Attn: Alice Evenson, City of Pittsburg, 65 Civic Avenue, Pittsburg, CA 94565.

THANK YOU!