

**CLAIM AGAINST  
CITY OF LEMON GROVE, LEMON GROVE HOUSING AUTHORITY,  
LEMON GROVE SANITATION DISTRICT, LEMON GROVE ROADWAY LIGHTING DISTRICT,  
LEMON GROVE SUCCESSOR AGENCY  
For Damages to Persons or Personal Property**

Received by \_\_\_\_\_

In Person

\_\_\_\_\_  
Name of Delivery Carrier



Date Stamp: \_\_\_\_\_

City Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Claims must be presented to the City Clerk (Gov Code §915(a)) within 6 months after the occurrence (Gov Code §911.2). Attach separate sheets, if necessary, to give full details, identify information by item number and letter, and SIGN EACH SHEET. **Submit complete claims to:** City Clerk, City of Lemon Grove, 3232 Main Street, Lemon Grove, CA 91945.

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property, in accordance with the laws of the State of California:

1. Name of Claimant: \_\_\_\_\_

a. Home Address of Claimant: \_\_\_\_\_  
\_\_\_\_\_

b. Home Phone: \_\_\_\_\_ c. Other Phone: \_\_\_\_\_

2. Give address to which you desire notices or communications to be sent regarding this claim.  
\_\_\_\_\_  
\_\_\_\_\_

3. When did the damage or injury occur?  
a. Date: \_\_\_\_\_ b. Time: \_\_\_\_\_

4. Where did the damage or injury occur? Describe fully and attach diagram when appropriate. Give street names, addresses and measurements from landmarks.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe in detail how the damage or injury occurred.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Why do you claim the City is responsible?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If known, provide the name of the public employee(s) involved.  
\_\_\_\_\_

8. Describe in detail **each** injury or damage that occurred.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Complete the following only if your claim is less than ten thousand dollars (\$0.01 - \$9,999.99). Attach copies of all bills, invoices, estimates, etc., labeled 9a, 9b, etc. as appropriate.

- |   |          |                               |          |
|---|----------|-------------------------------|----------|
| a. Medical Expenses                             | \$ _____ | b. Wage Loss                  | \$ _____ |
| c. Property Damage                              | \$ _____ | d. Other Expenses             | \$ _____ |
| e. Estimated Future Costs                       | \$ _____ | f. General Damages Not Listed | \$ _____ |
| g. Total Amount Claimed (a+b+c+d+e+f) \$ _____. |          |                               |          |

If your claim is \$10,000 or more, Government Code §910(f) requires that you indicate whether or not your claim is a "limited civil case". (If the amount claimed does not exceed \$25,000, it is treated as a limited civil case.)

Check one:

- This is a limited civil case. The total claim does not exceed \$25,000.
- This is not a limited civil case. Total claim exceeds \$25,000.

10. Name and address of all witnesses to the incident (including doctors and hospitals).

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM**  
**California Penal Code Sections 72 and 550**

I declare under penalty of perjury that I have read the foregoing claim and the papers attached thereto, and that the same are true and correct to the best of my knowledge.

Date: \_\_\_\_\_

\_\_\_\_\_  
Claimant or Agent Signature

\_\_\_\_\_  
Mailing Address of Above

\_\_\_\_\_  
City, State, Zip of Above

\_\_\_\_\_  
Telephone Number of Above