



For Official Use Only

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**CITY OF ROLLING HILLS ESTATES
GOVERNMENT CLAIM (Per Government Sec. 910.4)**

CLAIMANT

Name of Claimant Age Home Telephone Work Telephone

Mailing Address City State Zip Code

E-Mail Address Send notices regarding this claim to
(If different than name and address above)

CLAIM INFORMATION

Date of Incident (Month/Day/Year): _____ Time of Incident: _____

Location: _____

Describe injury, damage or loss that occurred as a result of this incident: _____

State the circumstances that gave rise to this claim. (State facts that support your claim and what particular action by the City or its employees, caused the alleged injury, damage loss. Include names of employees, if known). Please attach additional pages, if needed.

Amount of damage to date: _____

Estimated amount of future damages: _____

TOTAL amount claimed: _____

NAME OF CLAIMANT _____

State how the amount of the claim was computed (include copies of supporting documentation such as estimates, invoices, billing statements and receipts):

List the names of all witnesses to this incident, including address and phone numbers:

Provide any additional information that might be helpful in considering this claim:

REPRESENTATIVE INFORMATION

(Complete only if claim is presented by someone acting on claimant's behalf)

Name of Authorized Representative

Telephone

Mailing Address

City

State

Zip Code

Signature of Claimant or Authorized Representative

Date

Please note, a claim must be filed within 180 days after the incident or occurrence. It is a criminal offense to file a false claim: (PENAL CODE SECTION 72; INSURANCE CODE SECTION 556.1).

**DELIVER OR MAIL CLAIM TO:
City of Rolling Hills Estates
Attention: Risk Manager
4045 Palos Verdes Drive North
Rolling Hills Estates, CA. 90274**