CITY OF PACIFIC GROVE

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CLAIM FOR DAMAGES

Against the City of Pacific Grove

NOTICE

In accordance with the California Government Code, this claim form must be used when filing a claim against the City of Pacific Grove. If a claimant has any questions regarding their legal rights or duties, or the manner or time of submitting such a claim, they should consult an attorney.

Pursuant to Section 910 of the Government Code of the State of California, the following claim for damages is hereby submitted:

Full name of claimant(s):

Street address:

City: | **State:** | **Zip Code:**

Mailing Address if different from above:

List the date, place, and other circumstances of the occurrence which gave rise to the claim asserted. Include the Assessor's Parcel Number of any real property involved in the claim.

Provide a general description of the indebtedness, obligation, injury, damage or loss incurred so far as is known to claimant at the time of the claim.

State the name(s) of City of Pacific Grove employee(s) causing or witnessing the injury, damage, or loss, if known.

List the amount claimed as of the date of presentation of this claim, and basis of computation (attach estimates or receipts). If the amount claimed exceeds $10,000, no dollar amount shall be included in the claim. However, it shall indicate whether jurisdiction over the claim would rest in municipal or superior court.

The Information in this claim is provided under penalty of perjury. Multiple claimants please sign on reverse.

Date signed: | **Signature of Claimant or Authorized Representative:**

Note: The claim must be signed by the claimant or by a person authorized on his or her behalf. Please deliver or mail the completed claim form to: City of Pacific Grove, 300 Forest Avenue, Pacific Grove, CA 93950

For City Use Only

Date Received: _____ **Claim No:** _____

The Information in this claim is provided under penalty of perjury.

Date signed:	Signature of Claimant or Authorized Representative:

The Information in this claim is provided under penalty of perjury.

Date signed:	Signature of Claimant or Authorized Representative: