



CITY OF BIG BEAR LAKE *California*

NOTICE OF CLAIM AGAINST THE CITY OF BIG BEAR LAKE, CALIFORNIA (Government Code § 910,910.2)

INSTRUCTIONS (Please read carefully):

Claims related to injury to person(s) or damage to personal property must be presented to the City within **six (6) months** from the date of loss.

Claims related to any other loss must be presented no later than **one (1) year** from the date of loss.

Please answer **all items fully and completely** to the best of your knowledge and information. Failure to do so may result in your claim being found insufficient. If more space is needed for any item to provide additional requested information, please attach additional pages identifying item(s) being answered.

Please mail the original, signed claim form to:

Copies sent via email or fax MUST also be mailed.

City of Big Bear Lake
Attn: Risk Management
P.O. Box 10000
39707 Big Bear Boulevard
Big Bear Lake, CA 92315

Date Received by Risk Management
[City Use Only]

CLAIMANT INFORMATION

Last Name		First Name		Middle Initial	
Business Name (if applicable)					
Telephone Number			Email Address		
Mailing Address		City		State	Zip

CLAIM INFORMATION

Date of Loss:	Time of Loss:
Location of Loss <i>(Please be specific and include the physical address as well as a description of where the damage is located):</i>	

Risk Management Department

Explain why you believe the City (or its employees) are responsible for the damage or injury:

What is the name of the City employee, if known, who caused your injury, damage, or loss?

What amount of money are you seeking to recover (*Check one of the options below*):

- Less than \$10,000. Please state amount \$ _____
- Between \$10,000 and \$25,000 (*Municipal Court jurisdiction*)
- More than \$25,000 (*Superior Court jurisdiction*)

How was this amount calculated? (*Itemize and attach bills, repair estimates, receipts, etc; if claim is for vehicle damage, obtain and attach two (2) repair estimates*):

Please provide the name, address, and phone number of any witness(es) who can substantiate your claim:

Any additional information that you believe may be helpful to the City in considering this claim:

Risk Management Department

All notices and communications with regard to this claim will be directed to the Claimant(s) shown in lines 1 and 2 above unless you complete the following to identify to whom further communication should be directed:

Last Name	First Name	Middle Initial	
Telephone Number		Email Address	
Mailing Address	City	State	Zip

I/We, the undersigned, declare under penalty of perjury that I/We have read the foregoing claim for damages and know the contents thereof; that the same is true of my/our own knowledge and belief, save and except as to those matters wherein stated on information and belief, and as to them, I/We believe to be true.

Claimant Printed Name _____ Claimant Signature _____ Date _____

Claimant Printed Name _____ Claimant Signature _____ Date _____

WARNING: Penal Code Section 72 makes it a crime punishable by imprisonment to submit a "false or fraudulent claim" for payment to a city or public district, and Code of Civil Procedures Section 1038 authorizes the award of attorney fees against a claimant who brings a claim that is "not brought in good faith and with reasonable cause."