

**INSTRUCTIONS**

1. Read entire claim form and sign it before filling. If necessary, attach additional pages and sign pages.
2. Claims must be filed with City Clerk, P.O. Box 6459, Burbank, CA 91510. (Gov. Code Sec. 915A).
3. Claims for death, injury to person or to personal property must be filed no later than 6 months after occurrence. (Gov. Code Sec. 911.2).
4. Claims for damages to real property must be filed no later than 1 year after the occurrence. (Gov. Code Sec. 911.2).

**City of Burbank  
CLAIM FOR DAMAGES**

THIS SPACE FOR CITY USE ONLY

**PLEASE PRINT OR TYPE**

Name of Claimant <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Date of Birth	Social Security #
Address of Claimant <input type="checkbox"/> Home <input type="checkbox"/> Business	City/State/Zip	Phone Number  (      )
Name, Address & Phone No. to which you desire notices or communications to be sent regarding this claim: City/State/Zip		Email Address:

When did DAMAGE or INJURY occur?      Date      Time       a.m.       p.m.

Was the Police Department notified?       Yes       No      Police Report #      Was the Fire Department notified?       Yes       No

Where did DAMAGE or INJURY occur? Describe fully, give street names, addresses, and measurements from landmarks:  
Supplemental Claim Diagram Attached?  Yes       No

How did DAMAGE or INJURY occur? Give full particulars:

What Act or Omission of the City or its employee(s) do you claim caused the injury or damage?

City department involved, if known:  Burbank Water & Power       Public Works       Park, Recreation and Community Services       Police       Other (specify) Give names of City employee(s) you claim caused injury/damage and any employees you have contacted regarding this claim.

What DAMAGE or INJURY do you claim resulted? Give full extent of injuries or damages claimed:  
 Personal Injury       Property Damage       Other (specify)

What AMOUNT do you claim on account of each item of injury or damage as of date of presentation of this claim, giving basis of computation: Amount **MUST** be specified if \$12,500 or less. Where claim amount is more than \$12,500 you must indicate whether jurisdiction over claim rests in Superior (more than \$35,000) or Municipal Court (less than \$35,000).  
 Superior Court       Municipal Court

Do you claim damages for future expenses or injuries not listed above? If so, estimated amount and basis of computation:

Were you insured at the time of said incident? If so, provide name of Insurance Company, Policy Numbers and amount of insurance payments received:

Expenditures made on account of accident or injury: (Date --- Item)

Name and address of Witnesses, Doctors and Hospitals:

**I declare, under penalty of perjury, that the foregoing, including any attachments, is true and correct**

Signature of Claimant or person filing on their behalf Giving relationship to Claimant	Typed / Printed Name	Date
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**NOTICE: STATE LAW PROVIDES THAT IF YOU ARE NOT NOTIFIED OF ANY ACTION BY THE CITY OF THIS CLAIM WITHIN 45 DAYS OF FILING THEN THE CLAIM IS DEEMED DENIED (SEE GOV. CODE SEC. 911.6 & 912.4)**

City of Burbank  
**CLAIM DIAGRAM**

THIS SPACE FOR CITY USE ONLY

\_\_\_\_\_  
Name of Claimant

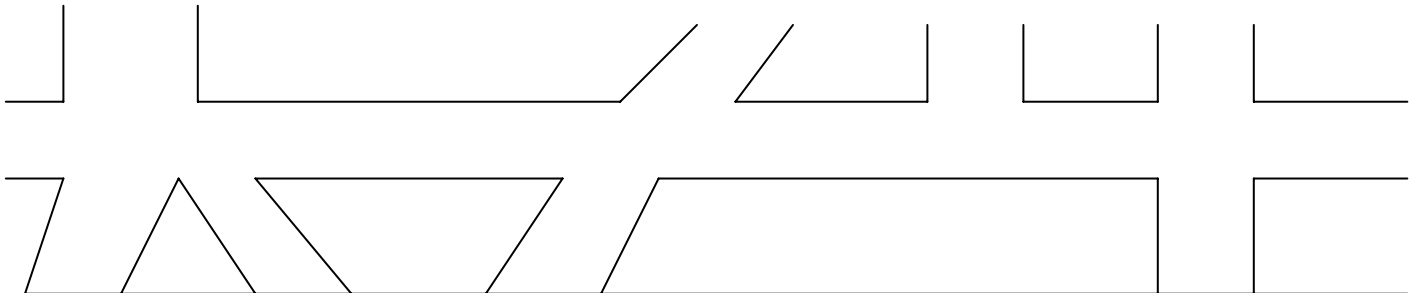
**READ CAREFULLY**

For all accident claims place on following diagram names of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners.

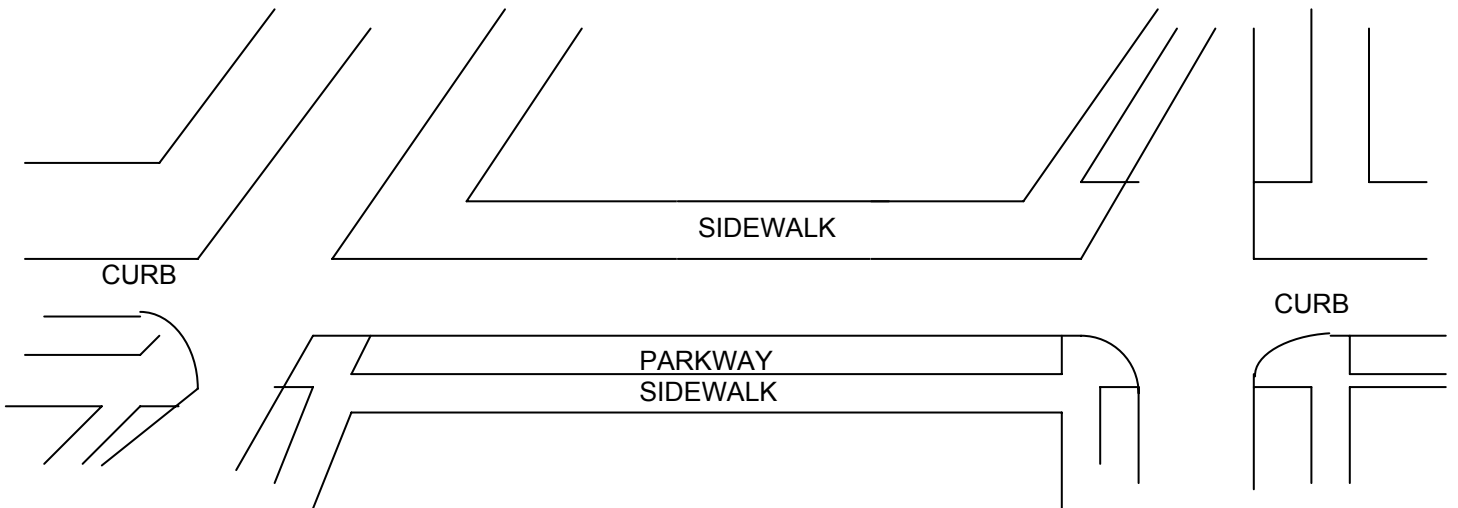
If City Vehicle was involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X."

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.

**FOR AUTOMOBILE ACCIDENTS**



**FOR OTHER ACCIDENT**



**I declare, under penalty of perjury, that the foregoing, including any attachments, is true and correct.**

\_\_\_\_\_  
Signature of Claimant or person filing on his behalf giving  
relationship to Claimant

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Date

**NOTE: ALL CLAIMANTS MAY BE REQUESTED TO BE EXAMINED AS TO THEIR CLAIM UNDER OATH. PRESENTATION OF A FALSE CLAIM IS A FELONY. (CAL. PEN. CODE SEC. 72)**

**DISTRIBUTION:** White -- CITY CLERK      Yellow -- CLAIMANT  
B531 - 3B    3/86