



City of Whittier

Claim Process

Check out our city website and fill out the claim form. The form must be signed and delivered to the City Clerk's Department in person at 13230 Penn Street Whittier, CA 90602 or via email to ccd@cityofwhittier.org. If you have any questions regarding filing a claim, please contact City Clerk's at (562) 567-9850.

The Claim will be forwarded to the Human Resources and Risk Management Department to commence process. If you have any questions regarding a claim you have filed, please contact Human Resources / Risk Management Division at (562)567-9830.

The process of investigation can vary. If you have any questions regarding a claim you have filed, please contact Human Resources / Risk Management Division at (562)567-9830.

Reimbursement of any expenses are evaluated through the investigation process and not guaranteed.

An official letter outlining the final determination of your claim will be mailed to the address provided.



CITY OF WHITTIER

For Damages to Persons or Property

Office Use Only

File with: City Clerk, City Hall
13230 Penn Street
Whittier, CA 90602

CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NO LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE (GOV'T CODE SECTION 911.2). CLAIMS FOR DAMAGES TO REAL PROPERTY MUST BE FILED NOT LATER THAN ONE (1) YEAR AFTER THE OCCURRENCE (GOV'T CODE SECTION 911.2).

The undersigned hereby presents the following claim to the City of Whittier in accordance with the laws of the State of California.

1. NAME OF CLAIMANT: _____ DATE OF BIRTH: _____

2. ADDRESS OF CLAIMANT _____
STREET, CITY, State, ZIP CODE

3. SOCIAL SECURITY NO. _____ DRIVER'S LICENSE # _____

4. PHONE NO. _____

5. MAIL NOTICES TO: _____
STREET, CITY, State, ZIP CODE

6. IF THIS CLAIM IS MADE BY ONE PERSON ON BEHALF OF ANOTHER, STATE:

(A) NAME _____ (B) RELATIONSHIP _____

(C) ADDRESS _____
(If Different) STREET, CITY, STATE, ZIP CODE

7. IF PERSON INJURED OR DAMAGED IS A MINOR, STATE BIRTH DATE: _____

8. DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

9. PLACE OF OCCURRENCE OR INCIDENCE:

(STREET NO. / CROSS STREETS / DRAW DIAGRAM ON SEPARATE PAGE IF NECESSARY)

10. GENERAL DESCRIPTION OF INJURY, DAMAGE OR LOSS:

11. IF BASIS OF CLAIM IS ALLEGED TO BE AN ACT/OMISSION OF A CITY EMPLOYEE:

(A) NAME OF CITY EMPLOYEE, IF KNOWN: _____

(B) CLAIMANT'S STATEMENT OF THE BASIS OF SUCH CITY EMPLOYEE'S INVOLVEMENT:

12. IF BASIS OF CLAIM IS A "DANGEROUS OR DEFECTIVE CONDITION OF PUBLIC PROPERTY":

(A) DESCRIBE PUBLIC PROPERTY: _____

(B) DATE OF NOTIFICATION : _____

(C) NAME OF CITY EMPLOYEE INVOLVED: _____

(D) GENERAL STATEMENT OF INCIDENT:

13. IF BODILY INJURY CLAIM:

(A) NAME AND CONTACT OF PHYSICIAN: _____

(B) NAME AND CONTACT OF HOSPITAL: _____

(C) NAME AND CONTACT OF WITNESSES, IF ANY: _____

**14. WAS INCIDENT INVESTIGATED BY POLICE? _____ IF SO, WHAT CITY? _____
WERE PARAMEDICS/AMBULANCE CALLED? _____ IF SO, NAME OF CITY OR AMBULANCE
COMPANY? _____**

**15. WRITE THE AMOUNT (DOLLAR VALUE) OF THE CLAIM FOR THE ALLEGED DAMAGE OR
INJURY. INCLUDE COPIES OF ALL INVOICES, RECEIPTS, ESTIMATES, ETC. \$_____**

**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.**

EXECUTED ON (DATE) _____.

SECTION 72 OF THE PENAL CODE PROVIDES: "EVERY PERSON WHO, WITH INTENT TO DEFRAUD, PRESENTS FOR ALLOWANCE OR FOR PAYMENT TO ANY STATE BOARD OR OFFICER, OR TO ANY COUNTY, CITY, DISTRICT, BOARD, OR OFFICER, AUTHORIZED TO ALLOW OR TO PAY THE SAME IF GENUINE, ANY FALSE OR FRAUDULENT CLAIM, BILL, ACCOUNT, VOUCHER, OR WRITING, IS GUILTY OF A FELONY."

SIGNATURE OF CLAIMANT OR AGENT

PRINT NAME / RELATIONSHIP TO CLAIMANT

ADDRESS OF CLAIMANT OR AGENT (STREET, CITY, ZIP CODE)

TELEPHONE NO. OF CLAIMANT OR AGENT