



100 CIVIC CENTER PLAZA, LOMPOC, CA 93436  
(805) 875-8241 ♦ FAX (805)8740

# CLAIM FORM

PLEASE READ INSTRUCTIONS ON OTHER SIDE

<b>FOR OFFICIAL USE</b>
CLAIM # ASSIGNED: _____
FILED/RECEIVED
RECEIVED VIA: <input type="checkbox"/> Personal Delivery/Service <input type="checkbox"/> US Mail

Name of Claimant – Last Name		First Name	Middle Name
Date of Birth	Soc. Security # (Last Four)		CA Driver's Lic #
Home Address		City/State	Zip
Daytime Phone ( )	Evening Phone ( )	Cell Phone ( )	Email

**TYPE OF LOSS:**

Personal Injury     Property Damage

Other

Indemnity – Date Served \_\_\_\_\_

When did injury/damage occur? Month/Day/Year	Day of week	Time (AM/PM)	Police Report # (if any)
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Where did injury/damage occur? (Provide street address, intersecting streets or other location)

How did injury/damage occur? (Describe accident or occurrence and attach additional documentation if necessary)

What action/inaction of City of Lompoc employee(s) caused your injury or damage?

What injury or damage did you suffer?

WITNESSES:	Name	Address	Phone
1)			( )
2)			( )

Name(s) of City of Lompoc employee(s) involved?	Does claim relate to automobile accident? <input type="checkbox"/> YES, Attach Proof of Insurance <input type="checkbox"/> NO
	Was INSURANCE COVERAGE in effect at the time of incident? YES <input type="checkbox"/> NO <input type="checkbox"/>

Is Total Amount of Claim Greater than \$10,000? YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO, state the amount claimed (Indicate a specific dollar amount, not a range)
If YES, is this a Limited Civil Case? YES <input type="checkbox"/> NO <input type="checkbox"/>	Property Damage \$ _____ Personal Injury \$ _____
	Other \$ _____

**NOTE: Please attach two estimates for damage to automobile(s) or property.**

**ALL NOTICES AND/OR COMMUNICATIONS SHOULD BE SENT TO:**

Name (Mr./ Mrs./ Ms.)	Daytime Phone
Address	City/State      Zip Code

**WARNING:** California State Law generally requires most claims against a public entity be presented within SIX (6) MONTHS from the date of the action or incident giving rise to the claim. Certain other claims must be filed within ONE (1) YEAR from the action or incident. If you choose to pursue legal action against the City of Lompoc and such action is dismissed by the court as frivolous, then you may be ordered to pay the City's reasonable defense costs, including attorneys' fees.

Signature of Claimant (or legal representative)	Relationship (self, attorney, guardian, etc.)	Date
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# CLAIM AGAINST THE CITY OF LOMPOC

## INSTRUCTIONS

On the reverse side is a Claim Form for making a claim against the City of Lompoc. The original Claim Form and all attachments are to be filed with the City Clerk's Office. You should retain a copy for your records. Please send to this address:

City Clerk  
City of Lompoc  
100 Civic Center Plaza  
Lompoc, CA 93436

**An interactive version of the Claim Form is available on the City's website <http://www.cityoflompoc.com/clerk/>. It may be completed online and printed for an original signature.**

NOTICE: The City Clerk's Office is the **ONLY** office to which claims may be submitted. Claims are **NOT** to be sent to the City Attorney or any other City Department.

**Please fill out claim form completely. Additional sheets may be attached if more space is needed. Missing information may delay the processing of your claim. Please print.**

## PROCEDURES

Claims received by the City Clerk's Office are forwarded to the City of Lompoc's claims administrator. Within 45 days of receipt of the claim, you will be sent a letter from the claims administrator or his/her designee, notifying you of the disposition of your claim or requesting further information from you.