



A Better Way of Life

CLAIM AGAINST THE TOWN OF APPLE VALLEY

Date: _____

**To: Town Clerk
Town of Apple Valley
14955 Dale Evans Parkway
Apple Valley, CA 92307**

Phone Number: _____

In compliance with the provisions of Sections 905 and 910 of the government code of the State of California, claim is hereby made against the Town of Apple Valley, State of California.

Please check the appropriate box listed below:

- In the amount of \$ _____ In an amount exceeding \$10,000.

In support of said claim, the following information is submitted:

1. Name of Claimant: _____
(First) (Middle) (Last)

2. Address of Claimant: _____
(Street) (City) (Zip)

3. Address to which claimant desires notice to be mailed if different from above: _____

4. Name of legal owner of damaged property upon which claim is based: _____

5. Name of registered owner of damaged property upon which claim is based: _____

6. Date alleged damage occurred: _____

7. Place where alleged damage occurred: _____

8. Describe and identify any public property which you claim contributed and/or caused the damage, injury or loss: _____

9. Time of day or night alleged damage occurred: _____

10. Name or names of public employee(s) causing the damage, injury or loss: _____

11. State the circumstances of the occurrence or transaction giving rise to your claim, and how or wherein the Town of Apple Valley, its property or its employees were at fault: _____

12. Name, address and telephone number of witnesses, if possible: _____

13. Manner in which damages occurred and nature, extent and amount of injury or damage claimed, together with basis of computation thereof (Set out in detail as per *Note*, shown below) if the claim is less than \$10,000. If the amount of your claim exceeds \$10,000, do not set forth the dollar amount of the claim, but indicate whether the claim would be a limited Civil Case. If possible, please provide pictures and estimates of loss to substantiate your claim. Add additional sheets if necessary. _____

14. Damages claimed (where claim totals less than \$10,000):

- a. Amount claimed as of this date: \$ _____
- b. Estimated amount of future costs: \$ _____
- c. Total amount claimed: \$ _____
- d. Basis for computation of amounts (include copies of bills, invoices, estimates, etc.)

The undersigned, under penalty of perjury, states: That the above claim and the items as therein set out are true and correct; that no part thereof has been heretofore paid, and that the amount therein is justly due this claimant, and that the same is presented within 180 days after the accrual thereof.

Dated: _____

Signature: _____

Note: Except as expressly provided by law, in presenting any claim, full details as to the nature of the claim, the time and place when and where it arose, the public property and officers or employees alleged to be at fault, the nature, extent and (where applicable) amount of the injury or damage claimed, and all other details necessary to full consideration of the merit and legality of such claim shall be stated in writing, signed by the claimant or someone authorized by him/her. For further particulars regarding filing of a Claim, see Sections 900 et seq. of the Government Code of the State of California.