OFFICIAL USE ONLY	***City of Coronado*** **CLAIM FOR DAMAGES**	*OFFICIAL USE ONLY* Claim Number: ISO Status:

1. Claims for damages to real property must be filed not later than one year after the occurrence. (Government Code §911.2)
2. Claims for death or injury to persons or personal property must be filed not later than six months after the occurrence. (Government Code §911.2)
3. Attach separate sheets, if necessary, to give full details and **sign each accompanying sheet.**

Claim must be mailed or delivered to (Gov. Code §915a):
The Honorable Mayor and City Council
1825 Strand Way
Coronado, CA 92118-3005
Attn: City Clerk

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

Name of Claimant(s)

Home Telephone Number	Home Address	City	State	Zip
Business Telephone Number	Business Address	City	State	Zip

List the address to which you desire notices or communications to be sent regarding this claim:

1. How did the DAMAGE or INJURY OCCUR? Provide all details.

2. When did the DAMAGE or INJURY OCCUR (date, time, etc.)?

3. Where did the DAMAGE or INJURY occur? Describe fully, and attached a diagram where appropriate. Give street names and addresses and measurements from landmarks.

4. What particular ACT or OMISSION do you claim caused the damage or injury? Give names of City employee(s) causing the damage or injury, if known.
5. What DAMAGE or INJURY do you claim resulted? Give full extent of damage or injury claimed.

What is the total amount of money you are seeking to recover? (Check one of the boxes below.)	
	The total amount claimed totals less than $10,000.
	The total amount claimed is more than $10,000, but not over $25,000; jurisdiction rests in Superior Court (Limited Civil).
	The total amount claimed is more than $25,000; jurisdiction rests in Superior Court (Unlimited Civil).

6. What AMOUNT do you claim on account of each item of damage or injury as of date of presentation of this claim? Give basis of the computation.
7. Give the ESTIMATED AMOUNT you claim on account of each item of prospective (future) damage or injury as far as you know. Give basis of the computation.
8. Give amounts of insurance payments you have received, if any. Give name of insurance company.
9. List expenditures made on account of damage or injury. Give date, item, and amount. Attach copies of receipts, invoices, estimates.

10. Give names and addresses of witnesses, doctors and hospitals.

I declare under penalty of perjury that I have read the foregoing claim and the documents attached hereto, and that the same are true and correct to the best of my knowledge.				
Name of Claimant or Agent				
Address of Above	City		State	Zip
Telephone Number of Above	Fax Number of Above	Cellular or Pager Number of Above		
Signature of Claimant or Agent			Date	