



**CITY OF GARDENA
CLAIM FOR DAMAGES, INJURY, OR LOSS**

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|--------------------------|--|
| Internal Use Only | |
| CC: | |
| | |
| Date: | |

TO: City Clerk
City of Gardena
1700 West 162nd Street
Gardena, CA 90247

Send Notices to:

Phone #:_____

| | |
|---------------------|---------------------|
| Name of Claimant | Address of Claimant |
| City/State/Zip Code | Telephone # |

Please complete the following and attach another page if more space is needed.

WHEN did damage, injury or loss occur? (Give exact date and hour)_____

LOCATION (exact) of damage, injury or loss._____

CIRCUMSTANCES of occurrence (give full details).

NAME(s) of any public employee(s) causing injury/loss (if known).

WHAT particular act or omission on the part of the City officers or employees do you claim caused the damage, injury or loss?

WHAT damage, injury or loss do you claim resulted?

AMOUNT claimed at present, including estimated amount of any prospective injury or loss insofar as known and basis for determination. (If amount is greater than \$10,000, specific dollar amount need not be included; however you must indicate whether dollar amount is more or less than \$25,000.)

Names and addresses of witnesses, doctors and/or hospitals.

Date

SIGNATURE of Claimant or person acting on Claimant's behalf