



Do not write in this space.  
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**CLAIM AGAINST THE CITY OF HIGHLAND**  
(For damages to persons or personal property)

A claim must be filed with the City Clerk within 180 days after which the incident or event occurred. Be sure your claim is against the City of Highland and not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph number. Completed claims must be mailed or delivered to:

CITY CLERK, CITY OF HIGHLAND  
27215 BASE LINE  
HIGHLAND CA 92346  
(909) 864-6861, ext. 226

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM, PENAL CODE S72; INSURANCE CODE S556.1.**

**NOTICE: PER GOVERNMENT CODE SECTION 910.4, THIS FORM MUST BE USED IN ORDER TO COMPLY WITH SECTIONS 910 AND 910.2 OF THE GOVERNMENT CODE.**

TO THE HONORABLE MAYOR AND CITY COUNCIL OF THE CITY OF HIGHLAND:

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

1. Name of Claimant \_\_\_\_\_

a. Complete Address of Claimant, including City, State and Zip Code:

\_\_\_\_\_  
\_\_\_\_\_

b. Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

c. Date of Birth \_\_\_\_\_

d. Driver's License/State Identification Card Number:

\_\_\_\_\_

Issued by which State: \_\_\_\_\_

\_\_\_\_\_ Driver's License      \_\_\_\_\_ Identification Card

Expiration Date: \_\_\_\_\_

2. Name, telephone and address to which claimant desires notices to be sent, if other than above:

\_\_\_\_\_  
\_\_\_\_\_

3. Occurrence or event from which the claim arises:

a. Date of occurrence \_\_\_\_\_

b. Time of occurrence \_\_\_\_\_

c. Place of occurrence (Exact and specific location)

\_\_\_\_\_  
\_\_\_\_\_

d. How and under what circumstances did damage or injury occur? Specify the particular occurrence, event, act or omission you claim caused the injury or damage (use additional paper if necessary).

\_\_\_\_\_  
\_\_\_\_\_

e. What particular action by the City, or its employees, caused the alleged damage or injury?

\_\_\_\_\_  
\_\_\_\_\_

4. A general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presentation of the claim. If there were no injuries, state "no injuries".

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5. Give the name(s) of the City employee(s) causing the damage or injury:

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6. Name and address of any other person injured:

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7. Name and address of the owner of any damaged property:

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8. Damages Claimed:

a. Amount claimed as of this date: \$ \_\_\_\_\_

b. Estimate amount of future costs: \$ \_\_\_\_\_

c. Total amount claimed: \$ \_\_\_\_\_

d. Basis for computation of amounts claimed. **Include copies of all bills, invoices, estimates, etc.:**

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9. Names and addresses of all witnesses, hospitals, doctors, etc.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

10. Any additional information which might be helpful in considering this claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.**

Signed at: \_\_\_\_\_  
City and State

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Printed name of person signing above