

CITY OF LAKE ELSINORE

City Clerk's Office
130 South Main Street
Lake Elsinore, California 92530
(951) 674-3124 ext. 269

FILING A CLAIM FOR DAMAGES WITH THE CITY OF LAKE ELSINORE

Dear Claimant:

The requirements and procedure for recovering damages from the City of Lake Elsinore are outlined in the California Government Code, commencing with §900. Subject to a few exceptions, you are required to file a timely claim with the **CITY CLERK**. In most cases, as further discussed below, to be timely, the claim must be filed within six (6) months of the date of accrual. For your convenience, the City of Lake Elsinore provides a claim form you may elect to use to assist you in presenting your claim for consideration. Instructions for use of the claim form are outlined below.

INSTRUCTIONS FOR COMPLETING THE CLAIM FORM

Please type or print, using black or blue ink, all of the information requested on the Claim Form.

1. **Claimant, Notification and General Information** – In the top section of the claim form, state full legal name, address and date of birth of the claimant. Also provide the name and mailing address where claims information should be sent if other than the claimant. Provide the telephone number where additional information may be obtained.
2. **Date of Accident** – It is critical that you provide the date of the accident or event that caused the damage for which you seek compensation. Failure to provide this information will cause your claim to be returned as insufficient.
3. **Place of Accident** – Describe the location of the accident or event with sufficient particularity to be able to identify the location on a map and visit the scene. Be sure to indicate if it is within the City.
4. **Property Damage** – If the claim seeks recovery of property damage, describe the nature and extent of the damage and the method used to calculate the claimed amount. If someone else owns the property, provide their name, address and telephone number. Attach copies of any repair bills and damage estimates that support your claim. In case of lost property, evidence of ownership and replacement costs are helpful.
5. **Personal Injury** – If the claim seeks recovery for personal injury or wrongful death, describe the nature and extent of the injuries, medical treatment received, and any other information relevant to assist in consideration of your claim.
6. **Liability** – Describe how the event occurred and the facts and circumstances of why you believe the City of Lake Elsinore is liable for your damage.
7. **Amount of Claim** – State the total amount you are claiming as a result of the alleged damage/injury. Indicate if the costs or damage is continuing, and describe the basis for this assertion. If the total amount is unspecific or exceeds \$10,000, designate the appropriate court jurisdiction for the claim. If available, attach copies of all bills, payment receipts, and cost estimate(s). Provide an itemized and total of all damages. Attach at least two (2) estimates of repairs for damages to your property.
8. **Witnesses** – Provide the names and contact information of any witnesses to the accident, including City employees involved in the incident.

9. **Signature** – Government Code §910.2 provides: "The Claim shall be signed by the Claimant or by some person on his/her behalf."
10. **Additional Space Needed** – If additional space is needed feel free to attach additional pages.

The date of the incident must be provided on the claim form. Pursuant to Government Code §911.2, claims relating to causes of action for personal injury, wrongful death, property damage, and crop damage must be presented to the City no later than six (6) months after the incident date. Government Code §911.4 provides for an Application for Leave to Present a Late Claim for these types of claims presented beyond the six months, and within one year.

Once you have completed the claim form, mail or deliver it with all supporting documents to the:

**CITY CLERK
CITY OF LAKE ELSINORE 130 SO. MAIN ST.
LAKE ELSINORE, CA 92530**

A clear postmark date on an envelope or the received stamp by the City Clerk's Office for claims made by personal service will be deemed the date of presentation to the City.

WHAT HAPPENS NEXT?

Your claim will be reviewed and investigated by the City's Insurance Carrier. You should hear back on the status of your claim within 30 days of the presentation of your claim.

Medicare recipients seeking compensation for personal injuries or medical expenses may be required to provide their Medicare Identification Number pursuant to 42 USC §1395y.

Claims submitted to the City of Lake Elsinore are public records, and must be disclosed upon request.