



# CITY OF COVINA

## CLAIM FOR DAMAGES, INJURY OR LOSS

TO: City Clerk  
City of Covina  
125 East College Street  
Covina, CA 91723

Send Notices to: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
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.) Please attach any bills, receipts or estimates available.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names, addresses and telephone numbers of witnesses, doctors and/or hospitals.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE of Claimant or person acting on Claimant's behalf