

# CITY OF MONTEREY PARK

320 West Newmark Avenue • Monterey Park • California 91754-2896  
[www.montereypark.ca.gov](http://www.montereypark.ca.gov)



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**City Council**  
Henry Lo  
Vinh Ngo  
Jose Sanchez  
Thomas Wong  
Yvonne Yiu

**City Clerk**  
Maychelle Yee

**City Treasurer**  
Amy Lee

Government Code Section 911.2 states “A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than six (6) months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than one year after the accrual of the cause of action.”

Enclosed is the claim form you had requested. The instructions for completing this form are as follows:

- Please fill out this form in its entirety and in as much detail as possible, if additional space is needed, attach additional pages identified with name and date of occurrence. Also indicate the question number(s) being responded to.
- The completed claim form must be signed by the claimant or by some person submitting this form on the claimant’s behalf. (See California Government Code Section 910.2).
- Please submit a copy of all documentation that supports your claim.
- Provide loss estimates with your claim form (minimum of two estimates).
- Failure to provide sufficient information could delay processing of your claim and may cause your claim to be returned. See California Government Claim Code section 910.8.
- Return the original and one copy to:

City Clerk  
City of Monterey Park  
320 West Newmark Ave  
Monterey Park, CA 91754

[MPCLerk@Montereypark.ca.gov](mailto:MPCLerk@Montereypark.ca.gov)

- The claimant should retain a copy of the completed and signed claim form.

Sincerely,

Human Resources & Risk Management Dept.



**CLAIM AGAINST THE CITY OF MONTEREY PARK**  
**(FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY)**

**NOTE THAT THIS IS A PUBLIC RECORD AND MAY BE DISCLOSED IN ACCORDANCE WITH THE CALIFORNIA PUBLIC RECORDS ACT (GOVERNMENT CODE §§ 6250, ET SEQ.)**

Received by: \_\_\_\_\_  
U.S Mail: \_\_\_\_\_  
Inter-office Mail: \_\_\_\_\_  
Over the Counter: \_\_\_\_\_

*Claims for death, injury to person or to personal property must be filed within Six Months after the occurrence. Claims for damages to real property must be filed within One Year after the occurrence (Government Code §911.2) Be Sure your claim is against the City of Monterey Park and not another public or private entity. Where space is insufficient please use additional paper and identify your responses to the specific questions. Completed claims must be mailed or delivered to: The City Clerk's Office, City of Monterey Park, 320 West Newmark Ave, Monterey Park, CA 91754-2896.*

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Drivers Lic. No: \_\_\_\_\_ DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name, Address and phone number of persons to receive notices concerning this claim:  
\_\_\_\_\_ ( ) \_\_\_\_\_

**CLAIM INFORMATION**

Date Claim occurred: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Location (be specific): \_\_\_\_\_

Describe how claim occurred? Specify the particular occurrence, event, act or condition you claim caused the injury or damage (use additional paper if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

**Property Damage**

Describe Property (If vehicle provide year, make and model and license number.)  
\_\_\_\_\_  
\_\_\_\_\_

Owner's Name, address and phone number: \_\_\_\_\_

Your Insurance Company and policy number: \_\_\_\_\_

Driver's Name, address & Phone: \_\_\_\_\_

Describe Damage: \_\_\_\_\_

Property can be seen at: \_\_\_\_\_

Give the name(s) of the city employee causing the damage or injury: \_\_\_\_\_

**Monetary Damages Claimed:**

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

Estimated amount of future costs: \$ \_\_\_\_\_

Total Amount Claimed: \$ \_\_\_\_\_

Basis for computation of amounts claimed (please attach copies of all bills, invoices, estimates, etc) \_\_\_\_\_

**Personal Injury**

Were you injured? Y/N      Body Part injured: \_\_\_\_\_

Describe Injuries: \_\_\_\_\_

Did you receive any medical attention: Y/N      By Who: \_\_\_\_\_

Are you currently Under Doctors Care: Y/N

Name, address and phone number of any other person injured: \_\_\_\_\_

Name and address of Doctors/Hospitals: \_\_\_\_\_

**Other Information:**

Did Police or Fire department respond? \_\_\_\_\_ Report #: \_\_\_\_\_ Officers name: \_\_\_\_\_

Were there any witnesses: Y/N

Please list witnesses below:

Name and address:      Phone:      Your vehicle      other vehicle      other

Any additional information that might be helpful in considering this claim: \_\_\_\_\_

**This form is being provided to assist you in filing your claim. Providing this form is not an admission nor shall it be construed to be an admission of liability or an acknowledgement of the validity of a claim.**

**WARNING IT IS A CRIME TO FILE A FALSE CLAIM! (Penal Code § 72)**

**I have read this claim and swear or affirm in accordance with the laws of the State of California that the matters and statements contained therein are true and correct under penalty of perjury.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_

Claimant Signature: \_\_\_\_\_