



CLAIM FORM – City of Morro Bay

Risk Manager
595 Harbor Street
Morro Bay, CA 93442
805-772-6568

Instructions

To file a claim with the City of Morro Bay:

1. Fill out the Claim Form on the next page:
 - Please print.
 - Fill form out completely.
 - Attach additional sheets, if needed.
 - Missing information may delay the processing of your claim.
2. Attach any supporting documents.
3. Submit the Claim to the City's Risk Manager:

Risk Manager
City of Morro Bay
595 Harbor Street
Morro Bay, CA 93442
4. Keep a copy for your records.

NOTE: The Risk Manager is the ONLY office to which claims may be submitted.

Claim Procedure

Claims received by the Risk Manager are forwarded to the City's Claims Administrator. Claimants are then notified that action will be taken within 45 days, or are contacted regarding the claim itself.

If your claim is recommended for denial, it will be submitted to the Risk Manager for final, official rejection. The Risk Manager or his/her designee will send you a letter notifying you of the action taken and of any further action necessary or available to you.

All claims are public record and subject to disclosure.



CLAIM FORM – City of Morro Bay

For Official Use Only

***** PLEASE READ INSTRUCTIONS FIRST. *****

Name of Claimant _____
(First Name) (Middle Initial) (Last Name)

Home Address _____ Date of Birth _____

City, State, Zip _____ Soc. Security # _____

Phone (____) _____ (____) _____ (____) _____ CA Driver's Lic. # _____
(Day) (Evening) (Cell/Pager)

Type of Loss: Personal Injury Other _____ Police Report # _____

Property Damage Indemnity – Date complaint served: _____

When did injury or damage occur? _____ AM/PM
(Month/Day/Year) (Day of Week) (Time)

Where did injury or damage occur? (Street address, intersecting streets, or other location)

How did injury or damage occur? (Describe accident or occurrence)

What action or inaction of City employee(s) caused your injury or damage?

What injury or damage did you suffer?

Name(s) of any witnesses

(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

Name(s) of City employee(s) involved _____

State the amount claimed: Personal Injury \$ _____ Property Damage \$ _____ Other \$ _____

***** NOTE: Please attach copies of supporting documentation for the amounts claimed. *****

If claim relates to an automobile accident, please answer the following and ATTACH PROOF OF INSURANCE:

Please check here if there was no insurance coverage in effect at time of incident.

Insurance policy # _____ Insurance Company _____

Insurance Broker/Agent _____

Address _____ Phone (____) _____

ALL NOTICES AND/OR COMMUNICATION SHOULD BE SENT TO:

Name (Mr./Mrs./Ms.) _____ Daytime Phone (____) _____

Address (Street, City, State, Zip) _____

WARNING: California State Law generally requires that most claims against a public entity, such as the City of Morro Bay, be filed within **SIX (6) MONTHS** from the date of the action or incident giving rise to the claim. Certain other claims must be filed within **ONE (1) YEAR** from the action or incident. You should check the Government Code to determine what presentation period applies in your case.

(Signature)

(Relationship: self, attorney, guardian, etc.)

(Date)