Date

Responsible Party First and Last Name

Responsible Party Mailing Address

Responsible Party City, State Zip Code

RE: ***CITY OF RESTITUTION DEMAND***

DATE OF LOSS: Month/Day/Year

LOSS LOCATION: Specific Address

DAMAGES: What was damaged

CITY FILE NUMBER: City File Number

Dear Mr., Mrs., or Ms. Responsible Party Last Name:

Please be advised that the CITY NAME sustained damages to a WHAT IS DAMAGED, which was a direct result of a collision due the negligent operation of your motor vehicle. You as the registered owner, are responsible for the damages involving – [specific details: i.e. failure to yield the right-of-way, or unsafe speed, or unsafe turning movement]. The CITY NAME sustained $\_\_\_\_\_\_\_\_\_ in damages.

Enclosed are copies of the City’s Repair Costs, Traffic Collision Report and Color Photographs of the ITEM(S) DAMAGED. If you have insurance, please forward this letter immediately to your insurance company and return the enclosed form. If you do not have insurance to cover this claim, please contact the undersigned immediately so that we can work to resolve this matter.

Please remit payment in the amount of $\_\_\_\_\_\_\_\_ to the CITY in the form of a cashier’s check:

City

Address

City, CA

If you do not respond within the next 30 days, we will take further action, which could include filing a legal action against you. Failure to pay for damages that are a result of your negligence, can result in the loss/suspension of your driver’s license number ADD LICENSE NUMBER and impound of your vehicle license plate number ADD LICENSE PLATE NUMBER.

Please contact our office if you have any questions. Thank you for your courtesy and cooperation.

Respectfully,

Name

Title

Cc: City Officer, City Officer’s Title, Name of City (without enclosure)

Responsible Party First and Last Name

Claim Number

Your Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of your insurance company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number of your insurance company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your policy number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The name on the policy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your agent’s name and phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you reported this loss to your insurance company?

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

If yes, what claim number has your insurance company assigned to the claim

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

I am willing to make payments to the City in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on a

monthly basis until my debt is satisfied.

Please return this form to: Name

Address

City, CA Zip Code