



OCT 28 2009

CITY CLERK'S OFFICE

CLAIM AGAINST City of Lemoore (Name of Entity)

Claimant's Name HOMES ELECTRONICS INC MARC WEBER, BOBBY'S SATELLITE S.S. #: 72-1554853

Claimant's Date of Birth Telephone # (559)

Claimant's Address 350 W D ST

Address where Notices about Claim are to be sent, if different from above:

Date of Incident/Accident/Arrest: 10-24-09

Date Injuries, Damages or Losses were discovered: 10-24-09

Location of Incident/Accident/Arrest: 350 W D ST

What did Entity or Employee do to cause this Loss, Damage or Injury?

WE WERE CALLED AROUND 10PM BY LEMOORE P.D. NOTIFYING US A MAN HAD BROKEN OUR WINDOW. HE WAS ATTENDING THE LEMOORE STREET PARTY.

(Use Back of this Form or Separate Sheet if necessary to answer this Question in Detail.)

What are the Names of the Entity's Employees who caused this Injury, Damage or Loss (if known)?

NOT KNOWN. POLICE REPORT FILED.

What specific Injuries, Damages or Losses did Claimant receive? BROKEN FRONT WINDOW.

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What amount of money is claimant seeking, or if amount is in excess of \$10,000, which is the appropriate court of jurisdiction. Note: If Superior and Municipal Courts are consolidated, you must represent whether it is a "limited civil case" [see Government Code 910(f)]

\$278.33

(Use back of this form or separate sheet if necessary to answer this question in detail.)

How was this amount calculated (please itemize)? ACTUAL COST OF REPLACEMENT

FRONT DIAMONDED CUT GLASS.

(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: 10-28-09 Signature: [Signature]

If signed by Representative:

Representative's Name

Address

Telephone #

Relationship to Claimant