

CITY OF LEMOORE

CLAIM FORM

FORM B

(Please Type Or Print)

ITEM 3E
RECEIVED

FEB 11 2010

CITY CLERK'S OFFICE

CLAIM AGAINST City of Lemoore
(Name of Entity)

Claimant's name: Lou Ann & Keith Roberts

SS#: _____ DOB: _____ Gender: Male Female

Claimant's address: [Redacted] Aspen Lane, Lemoore CA

Address where notices about claim are to be sent, if different from above: _____

Date of incident/accident: 1/19/2010

Date injuries, damages, or losses were discovered: 1/19/2010

Location of incident/accident: Corlar Street in front of P.W. Engvall School

What did entity or employee do to cause this loss, damage, or injury? City personnel failed to keep dumps operating - street became flooded
(Use back of this form or separate sheet if necessary to answer this question in detail.) Attached

What are the names of the entity's employees who caused this injury, damage, or loss (if known)? UNKNOWN

What specific injuries, damages, or losses did claimant receive? Carporting in 1997 Monte Carlo was flooded from rising water in street
(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 the 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)] _____

\$ 465.00

How was this amount calculated (please itemize)? Attached estimate from Contra Valley Auto & Upholstery
(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: 2/8/10 Signature: [Signature] KEITH ROBERTS

If signed by representative:
Representative's Name _____ Address _____
Telephone # _____
Relationship to Claimant _____