CENTRAL SAN JOAQUIN VALLEY
RISK MANAGEMENT AUTHORITY

CLAIM FORM
(Please Type Or Print)

RECEIVED
DEC 2 2009
CITY CLERK'S OFFICE

CLAIM AGAINST City of Lemoore
(Name of Entity)

Claimant's Name Kings Mobile Estates Tax ID [redacted] S.S. #: - -

Claimant's Date of Birth _____ Telephone # (831) 475-0335 ext. 12

Claimant's Address 871 38th Avenue Santa Cruz, CA. 95062
Physical Address 414 W. Hanford Armona Rd Lemoore, CA. 93245
Address where Notices about Claim are to be sent, if different from above:

Date of Incident/Accident/Arrest: September 2009

Date Injuries, Damages or Losses were discovered: _____

Location of Incident/Accident/Arrest: _____

What did Entity or Employee do to cause this Loss, Damage or Injury?
City Employee claimed our main water line was leaking and required replacement along with installation of a backflow device. Later after repairs employee stated it wasn't our line.
(Use Back of this Form or Separate Sheet if necessary to answer this Question in Detail.)
At that point in time expenses for repairs were already incurred.

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

What specific Injuries, Damages or Losses did Claimant receive? Expense for water line replacement when City later found it was a neighbors line.
(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)]
$10,495.00

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

How was this amount calculated (please itemize)? See attached bid

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

Date Signed: 11/30/09 Signature: Charlene Garza

If signed by Representative:

Representative's Name Charlene Garza
Address 871 38th Ave Santa Cruz CA 95062
Telephone # 831-475-0335 ext. 12
Relationship to Claimant Property Manager

1/03 Revision