# City of Santa Clara
**The Center of What's Possible**

# CLAIM AGAINST THE CITY OF SANTA CLARA
### (For Damages to Persons or Personal Property)

<u>City Clerk's Office Date Stamp</u>

Received By: _____ CN _____

Via:
| | |
|---|---|
| U.S. Mail | X |
| Interoffice Mail | _____ |
| Over the Counter | _____ |
| Other | _____ |

(Please do not write above this line – for City use only)

A claim must be filed with the City Clerk of the City of Santa Clara within six months* after which the incident or event occurred. <u>Be sure</u> your claim is against the City of Santa Clara not some other public entity. Where space is insufficient, please use additional paper and identify the information by paragraph number. Your completed claim (original) must be mailed or delivered to: **City Clerk, City of Santa Clara, 1500 Warburton Avenue, Santa Clara, California 95050.**

## TO THE HONORABLE MAYOR AND CITY COUNCIL OF THE CITY OF SANTA CLARA:

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

| | | |
|---|---|---|
| 1 | NAME OF CLAIMANT MENG TUNG LIM | DATE OF BIRTH ███ |
| | ADDRESS OF CLAIMANT 1731 ROLL ST  CITY SANTA CLARA  STATE CA  ZIP CODE 95050 | |
| | HOME PHONE ███   WORK PHONE | DRIVER'S LICENSE STATE AND NUMBER ███ |

| | |
|---|---|
| 2 | SEND NOTICES REGARDING THIS CLAIM TO: (List name, mailing address and telephone number if not same as name and address listed above.) |

| | | |
|---|---|---|
| 3 | DATE AND TIME OF INCIDENT JANUARY 2020 | SPECIFIC ADDRESS OF INCIDENT (Address) 1731 ROLL ST SANTA CLARA CA 95050 |

| | |
|---|---|
| 4 | BASIS OF CLAIM (Specify the occurrence, event, act, or omission which you claim caused the injury or damage for which you are submitting this claim.) 1731 ROLL ST, SANTA CLARA LOWER LATERAL SEWER PIPE LINE BLOCKERAGE CAUSING SERIOUS SEWER BACKUP. CITY TREE ROOTS PENETRATED THE TURNOUT AND LOWER LATERAL SEWER DAMAGING THE SEWER PIPE |

| | |
|---|---|
| 5 | CITY'S ACTION (Specify action by City or its employees which caused alleged damage or injury.) |

*"<u>One year</u> for a claim relating to any cause of action for other than death, injury to person or to personal property, or growing crops." Government Code §911.2

| 6 | NAME OF CITY EMPLOYEE WHO ALLEGEDLY CAUSED INJURY OR LOSS | *CITY TREE AT 1731 ROLL ST, SANTA CLARA* |
|---|---|---|

**7** DESCRIPTION OF CLAIMANT'S INJURY, PROPERTY DAMAGE, OR LOSS (If there were no injuries, state "NO INJURIES".)

*ROOTS OF CITY TREE CAUSING DAMAGE TO THE LOWER LATERAL SEWER PIPE LINE FROM THE TURNOUT PROPERTY LINE TO CITY MAIN SEWER IN THE STREET*

**8** OTHER INJURED PERSONS (List names and addresses.)

*NONE*

**9** DAMAGES CLAIMED: Amount of Claimant's damage or loss and method of computation. Include copies of bills, invoices, estimates, etc. Note: If your claim is for more than $10,000, you need not fill in an amount but you must state whether jurisdiction for the claim would be in the Limited jurisdiction (up to $25,000) or Unlimited jurisdiction of the Superior Court.

ITEMS

*PAVEMENT AND ENCROACHMENT PERMIT FEE* $_____
*REPLACE 30FT SEWER LATERAL PIPE LINE FROM TURNOUT TO SEWER MAIN IN STREET* $_____
*EXCAVATE SEWER LINE - 3 PITS* $_____
*ENTIRE JOB ESTIMATE* TOTAL AMOUNT: $ *15,000*

Court Jurisdiction: (Check one)

Limited Civil: ☐     Unlimited Civil: ☐

**10** WITNESSES, HOSPITALS, DOCTORS, ETC. (List names and addresses.)

*CITY TECHNICIANS, CITY ASSISTANT DIRECTOR AND SUPERINTENDENT HAD CAME TO CHECK OUT THE DAMAGE CAUSED BY THE ROOTS OF CITY TREE TO THE TURNOUT AND LOWER LATERAL SEWER PIPE LINE ABOUT 30FT TO THE SEWER MAIN IN THE STREET*

**WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code §72).**

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this _23RD_ day of _MARCH_ , 20 _20_ at

_1731 ROLL ST, SANTA CLARA, CA 95050_ .

_____
Claimant's Signature