

L A K E B E R R Y E S S A
RESORT IMPROVEMENT DISTRICT

1195 Third Street, Suite 101
Napa, CA 94559-3092
Main: (707) 253-4351
Fax: (707) 253-4627



CLAIM AGAINST THE LAKE BERRYESSA RESORT IMPROVEMENT DISTRICT

NO. _____

California Government Code Section 910 describes the information which must be contained in a claim against a government entity. Section 911.2 provides that claims arising from a death, or personal injury, or damage to personal property or growing crops must be presented no later than six (6) months after the occurrence on which the claim is based. This form or any other form containing the same information may be used to present such a claim against the Lake Berryessa Resort Improvement District. The District reserves the right to reject any claim presented to it.

1) Name and Address of Claimant:

Telephone: Home _____ Business _____

2) Mailing address to which notices from the District are to be directed:

3) Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

- 4) Description of the Incident or Accident including your reason for believing that the District is liable for your damages:

- 5) Description of all the damages which you believe that you have incurred as a result of the incident:

- 6) The name of names of any District employees causing the damages that you are claiming:

- 7) If the amount claimed is \$10,000.00 or less, specify the amount of the claim, including the estimated amount of any prospective injury, damages or loss insofar as it may be known at this time, together with how it was calculated:
(Attach estimated if available.)

8) If the amount claimed exceeds \$10,000.00, indicate which Court would have jurisdiction:

___ Municipal Court

___ Superior Court

(NOTE: At the time of the preparation of this form, the Municipal Court generally had jurisdiction over cases at law in which the demand is \$25,000.00 or less, and the Superior Court generally had jurisdiction over cases at law which exceed that amount.)

9) If this claim for indemnity, on what date were you served with the underlying lawsuit: _____

Signature of Claimant

Date

Submit Completed Claim Form To:

Secretary of the Governing Board for LBRID
1195 Third Street, Room 310
Napa, CA 94559