



Date Received:

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CLAIM AGAINST THE CITY OF CALIFORNIA CITY  
Government Code Sections 910 and 910.4

PLEASE PRINT

Claim No.: \_\_\_\_\_

Claimant: Rosemary MASS Engill SS NO. 343-12-2465

Mailing address: 111 Camphire DR City: CAL CITY Zip: 93505

Home address: Same City: \_\_\_\_\_ Zip: \_\_\_\_\_

Send Notices to: \_\_\_\_\_

Phone Numbers – Home: (760) 373-1582 ; Work: (\_\_\_\_) \_\_\_\_\_

Date of accident or occurrence: 4-9-07

Location of accident or occurrence: Home ADDRESS

Describe accident or occurrence and include injury, damage, loss, indebtedness/obligation to the extent known: High winds blew down Large pine tree which broke back yard fence, destroyed medi Shed, Damaged second Shed, Broke wooden light post.

After Large pine tree was removed I was able to see that both medi sheds are beyond repair

Ueta Laughon  
Streets + parks Lead person

Give name(s) of District employee or employees causing the injury, damage, or loss, if known: \_\_\_\_\_

CITY owned tree

Amount of claim to date – actual: 4,739-

Basis of computation (3 estimates recommended): \_\_\_\_\_

Amount claimed to date – estimated: \_\_\_\_\_

Basis of computation: \_\_\_\_\_

4-10-07  
Date

Rosemary Massengill  
Signature of Claimant or Person Acting on Claimant's Behalf