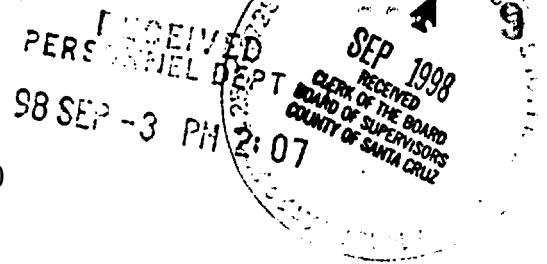


CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 910 et Seq., Govt. Code)

TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board
Governmental Center
701 Ocean Street, Santa Cruz, CA 95060



1. Claimant's Name: F. WESLEY MEYER
Address: 223 FARLEY DR.
APTOS, CA. 95003-5005
Phone No: (408) 685-1447
P.O. Box to which notices are to be sent: _____
2. Occurrence: LARGE MONTEREY CYPRESS TREE ON COUNTY PROPERTY FELL DURING RAIN AND WIND STORM.
Date: FEBRUARY 1998 Place: ON TOWNSEND ST. JUST NO. OF FARLEY DR. IN RIO DEL MAR
Circumstances of occurrence or transaction giving rise to claim: ROOTS OF TREE THAT FELL DURING RAIN AND WIND STORM BENT THE STEEL DOOR ON SWIMMING POOL FILTER & HEATER ROOM UNDER PROPERTY AT 223 FARLEY DRIVE. (AREA IS ON TOWNSEND SIDE OF MEYER PROPERTY - CORNER OF FARLEY AND TOWNSEND)
4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
I AM REQUESTING THAT THE COUNTY HAVE THE DAMAGED DOOR REPAIRED (STREIGHTEN AND RETURN TO ORIGINAL CONDITION).
5. Name(s) of public employee(s) causing injury, damage or loss, if known: NONE
6. Amount claimed now \$ _____
Estimated amount of future loss, if known \$ _____
TOTAL \$ _____
7. Basis for above computations: REPAIR ESTIMATES HAVE NEVER BEEN MADE.
8. If the amount claimed is over \$ 10,000, indicate the court of jurisdiction:
_____ Municipal Court _____ superior court

CLAIMANT'S SIGNATURE: F. Wesley Meyer

Note: Claim must be presented to Clerk, Board of Supervisors, within six (6) months after the act which occasioned the injury.

Americans with Disabilities Act questions or requests for accommodations may be directed to the ADA Coordinator at 454-2962 (TDD 454-2 123).