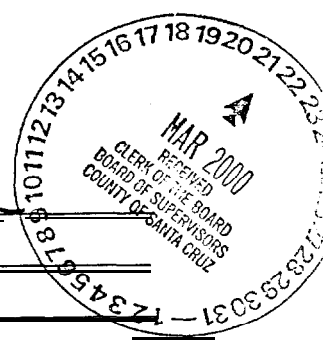


900-121

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

0012

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: Kimball W. & Martha L. Small
Address: 2-2785 E. Cliff Drive
Santa Cruz, CA 95062
Phone No: (408) 941-5001
mailing address
P.O. Box to which notices are to be sent: 20131 Rancho Bella Vista, Saratoga, CA 95070
 2. Occurrence: Root Damage
Date: years Place: 2-2785 E. Cliff Drive
1990-2000 and continuing
 3. Circumstances of occurrence or transaction giving rise to claim: Damage to driveway
parking area - asphalt curbs & trolleys
and sewer line.
 4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
unknown
 5. Name(s) of public employee(s) causing injury, damage or loss, if known: _____
 6. Amount claimed now\$ _____
Estimated amount of future loss, if known\$ _____
TOTAL \$ to be determined
 7. Basis for above computations: _____
 8. If the amount claimed is over \$10,000, indicate the court of jurisdiction:
_____ Municipal Court _____ Superior Court
- CLAIMANT'S SIGNATURE: [Signature]

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 454-2123).