

**Form Instructions:** Complete all fields (print or type), print, sign and return to District Secretary

Exhibit 100-C-A--Claim Form

Groveland Community Services District  
P.O. Box 350  
Groveland, CA 95321-0350

I. The Name and Post Office Address of the claimant:

II. The Post Office Address to which the person presenting the claim desires notices to be sent:

Daytime Telephone:

Evening Telephone:

Message Telephone:

III. The Date, Place, and other Circumstances of the occurrence or transaction, which gave rise to the claim asserted:

Date of Occurrence: \_\_\_\_\_ Time of Occurrence \_\_\_\_\_

Place of Occurrence: \_\_\_\_\_

Circumstances:

IV. A General Description of the Indebtedness, Obligation, Injury, Damage or Loss incurred so far as it may be known at the time of presentation of the claim:

V. The Name or Names of the Public Employee or Employees causing the injury, damage, or loss, if known:

VI. Amount of Claim: \$ \_\_\_\_\_ (if less than \$10,000.00)  
Jurisdiction of Claim: \_\_\_\_\_ Municipal Court (Claims to \$25,000)  
\_\_\_\_\_ Superior Court (Claims over \$25,000)  
Basis of Computation:

VII. Declaration:  
I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Signature of Claimant or Representative: \_\_\_\_\_  
Date: \_\_\_\_\_

Note: If more space is required to answer these questions, please write in black ink or type on separate pieces of paper.