

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:

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

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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:

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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:

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

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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.