

CLAIM AGAINST THE BERKELEY HOUSING AUTHORITY

(Please Type or Print)

Claimant's name: _____

Claimant's address: _____

Address where notices about claim are to be sent, if different from above:

Date of incident/accident: ____/____/____

Date injuries, damages, or losses were discovered: ____/____/____

Location of incident/accident: _____

What did BHA or BHA employee do to cause this loss, damage, or injury?

(Use back of this form or separate sheet if necessary to answer this question in detail.)

What are the names of the BHA employees who caused this injury, damage, or loss (if known)? _____

What specific injuries, damages, or losses did claimant receive?

(Use back of this form or separate sheet if necessary to answer this question in detail.)

If claimant is seeking less than \$10,000, indicate amount: _____

Is claimant seeking more than \$10,000 but less than \$25,000? (i.e., would the the claim be a limited civil case under Code of Civil Procedure 85(a)) Yes No

How was this amount calculated (please itemize)? _____

(Use back of this form or separate sheet if necessary to answer this question in detail.)

Date Signed: ____/____/____ Signature: _____

If signed by representative:

Representative's Name: _____

Address: _____

Telephone No.: _____

Relationship to Claimant: _____