

RESOLUTION NO. 12R-09

**A RESOLUTION OF THE BOARD OF DIRECTORS
OF THE BIGHORN-DESERT VIEW WATER AGENCY
APPROVING A FORM FOR MAKING CLAIMS AGAINST THE AGENCY**

WHEREAS, Resolution 03R-07 established the Agency's official form for claims against the Bighorn-Desert View Water Agency, and

WHEREAS, the claims form established by Resolution 03R-07 has been reviewed by the Agency's Attorney; and

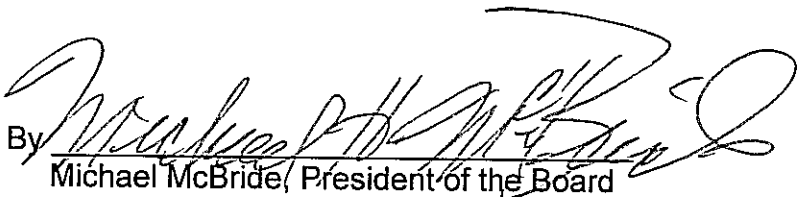
WHEREAS, the Agency Attorney suggested the Agency modify the claims form that was established by Resolution 03R-07.

WHEREAS, the Agency desires to modify the official claim form administratively without Board action in the future so that it is always in compliance with state law.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Bighorn-Desert View Water Agency:

1. That the Claim Form attached hereto as Exhibit "A" shall be the official form for claims against the Bighorn-Desert View Water Agency.
2. That Resolution 03R-07 is hereby rescinded and is of no further force and effect.
3. Future changes to the claim form will be made administratively as state law requires such amendments.

PASSED, APPROVED AND ADOPTED by the Board of Directors to Bighorn-Desert View Water Agency this 24th day of January, 2012.

By 
Michael McBride, President of the Board

ATTEST:


David Larson, Secretary of the Board



Exhibit A (Modified January 24, 2012)

CLAIM FORM

Bighorn-Desert View Water Agency

For Office Use:
Date Rec'd: _____

1. Claimant's Name: _____ Daytime Phone: (____) _____ Home Phone: (____) _____

2. Mailing Address to Which You Desire to Have Notices Sent: _____

3. Description of the Injury or Damage that is the Basis of Your Claim: _____

4. Date of the Injury or Damage: _____

5. Location of Injury or Damage (Specify in as much detail as possible; example: 5 feet east of west corner of Elmira Road and Peabody) : _____

6. Describe How the Injury or Damage Occurred: _____

7. State the name(s) of the Agency employee(s) whom you allege caused your injury, damages or loss (if known to you): _____

8. If your claim is less than \$10,000.00, state the monetary amount of your claim: \$ _____

A. How was this amount calculated? (itemize and attach bills, repair estimates, receipts, etc.; if your claim is for vehicle damage obtain at least two (2) repair estimates): _____

7. If your claim is for more than \$10,000.00 you need not state the amount (although that would be helpful) but you must state whether your claim would be classified as a "Limited Civil Case" or not (see Gov Code Sections 580 and 910, and Code of Civil Procedure Sections 85, 86.): _____

8. List the name(s) of the Agency employee(s) whom you allege caused your injury, damages or loss (if known to you): _____

Section 72 of the Penal Code provides that, "every person who, with the intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, town, city, district, board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is guilty of a felony".

Claimant Printed Name

Claimant Signature

Date Signed

(Note: If you are filing this claim on behalf of the claimant, you should sign and print your name)