

**CITY OF EMERYVILLE
CLAIM FORM**



Please Type or Print and return to:

City Attorney's Office, City of Emeryville
1333 Park Avenue Emeryville, Ca 94608
Phone: 510.596.4381 Fax: 510.596.3724
Email: city_attorney@emeryville.org

CLAIM AGAINST City of Emeryville - Public Works

(Name of Entity)

Claimant's name Black Bear Diner SS# _____
Claimant's date of birth N/A Telephone # (650)393-5934
Claimant's address 5750 Christie Ave., Emeryville, CA 94608

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

Date of incident/accident: 7/31/2025

Date injuries, damages, or losses were discovered: 7/31/2025

Location of incident/accident: 5750 Christie Ave, Emeryville, CA 94608

What did entity or employee do to cause this loss, damage, or injury? Main water line break disrupted business.

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

What are the names of the entity's employees who caused this injury, damage, or loss (if known)?
City of Emeryville - Public Works

What specific injuries, damages, or losses did claimant receive?
We encountered huge financial loss because we had no running water.

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

What amount of money is claimant seeking, or which is the appropriate court of jurisdiction [Government Code 910(f)]?
\$5,800.00

How was this amount calculated (please itemize)? This is based on Daily Sales and Labor.

We had to shut down causing us loss in sales. We had to pay the employees that came in and were then sent home.

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

Date Signed: 08/04/2025

Signature:

If signed by representative:

Representative's Names _____ Address _____

Telephone # _____

Relationship to Claimant: _____