

Form # 3 NORMAL CLAIM REJECTION
* TO BE TYPED ON CITY LETTERHEAD

TO: Name of claimant
c/o claimants attorney, or
claimant's parents, if a minor

DATE: _____

Use address on claim indicating address to which notices are to be sent. If such an address is not indicated, use claimant's home address.

RE: Claim of (NAME OF CLAIMANT)

Dear Sir/Madam:

NOTICE IS HEREBY GIVEN that the claim for damages you presented to the (NAME OF ENTITY) on (DATE OF SUBMISSION) was rejected by

(either of the following)

the (GOVERNING BOARD/OR DESIGNEE) for the (NAME OF ENTITY) on (DATE REJECTED)

(or)

operation of law on (THE 45th DAY AFTER CLAIM PRESENTED: EITHER DATE OF HAND DELIVERY TO THE GOVERNING BOARD OR DESIGNEE [Government Code §915(a)(1)], or DATE OF PLACEMENT OF CLAIM IN THE MAIL [Government Code §915(a)(2), 915.2]).

WARNING

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

As allowed by California Code of Civil Procedure Sections 128.5 and 1038, the (NAME OF ENTITY) will seek to recover all incurred costs and attorney fees from you and your attorney should you ultimately serve the (NAME OF ENTITY) with a lawsuit and it is later determined the suit was not brought in good faith or on reasonable grounds. If you feel you must name the (NAME OF ENTITY) in the lawsuit to protect yourself, we urge you not to serve the (NAME OF ENTITY) with a summons and complaint until you are certain there is a justiciable controversy with the (NAME OF ENTITY).

Very truly yours,

(NAME OF ENTITY)
(NAME OF PERSON AUTHORIZED
TO SEND REJECTION NOTICES)

cc: ABAG PLAN