



4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. \_\_\_\_\_  
The only loss is the \$695 that I had to pay for Clog Pro to determine that the blockage wasn't on my property, but on City property. Clog Pro also temporarily cleaned out the line until the City could come and make repairs.
5. **\*We are required to report all claims for injuries to Medicare/Medicaid Services\***  
 If you were injured please provide the following: Social Security #: \_\_\_\_\_  
 Medicare/Medicaid Beneficiary? Yes \_\_\_ No \_\_\_
6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** \_\_\_\_\_
7. **Name and address of any other person injured** \_\_\_\_\_
8. **Name and address of the owner of any damaged property if different from claimant** \_\_\_\_\_
9. **Damages claimed:**
- |                                      |    |                 |
|--------------------------------------|----|-----------------|
| a. Amount claimed as of this date:   | \$ | <u>\$695.00</u> |
| b. Estimated amount of future costs: | \$ | <u>\$0.00</u>   |
| c. Total amount claimed:             | \$ | <u>\$695.00</u> |
- d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_  
I'll attach the receipt I rec'd from Clog Pro upon payment.
10. **Names, addresses / phone #s of all witnesses** (1) I have a video from Clog Pro showing the root ball on City property.  
(2) In order to verify Clog Pro's video, the City filmed its own video that shows not only the root ball but also that the newish pipe had broken, causing the blockage. Michael Lewis or Lannie Eells might be able to shed some light on the whereabouts of the City's video.
11. **Any additional information that might be helpful in considering your claim** The video from Clog Pro is attached to this email. No hard feelings. These things happen, and I believe everyone's trying their best. \$695 might not seem like a lot, but it's sort of a big chunk of change to me and my family that we'd love to have back. Thanks.

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)**

I have carefully read the statements made in this claim, including any attached sheets, and I know them to be true of my own knowledge, except as to those matters stated upon information or belief and to such matters I believe the same to be true. I understand and acknowledge that all statements made in this claim are made to a public servant of the City of Portland, and that the statements are in connection with an application for a benefit from the City of Portland.

Date: February 6, 2025


Claimant's Signature

Aaron M. Corpus

Print Name