



PHONE: 307-638-1911 FAX: 307-638-6211
ADDRESS: 6844 Yellowtail Road, Cheyenne, WY 82009
WEBSITE: lglpwyoming.org EMAIL: lglp@lglp.net

January 30, 2026

Jennifer Baker
PO BOX 3356
399 Columbine St
Alpine, WY 83128

Re: Claim against the Town of Alpine, GL267391

Dear Ms. Baker,

The town of Alpine forwarded your claim to our office for review. The town self-insures their liability exposures through the Wyoming Local Government Liability Pool (LGLP). Our office administers this program.

The Wyoming Governmental Claims Act (WGCA) governs claims filed against member entities of the LGLP (W.S. 1-39-101 *et seq*). The WGCA *does* waive immunity for certain types of governmental activities, but the activities for the claim you filed against the city do not fall within those provisions. Wyoming Statute 1-39-108(a) states:

A governmental entity is liable for damages resulting from bodily injury or property damages caused by the **negligence of public employees** while acting within the scope of their duties in the operation of public utilities and services including gas, electricity, water, solid or liquid waste collection or disposal, heating and ground transportation.

There is no apparent negligence by the town or town employees.

Based on our findings your claim is denied. We regret this incident occurred and that we are unable to assist you with your loss.

Sincerely,
Elizabeth A Harris
LGLP Claims Department

cc: Monica Chenault Clerk & Treasurer, Town of Alpine

***DATE CLAIM WAS RECEIVED:** _____
(ONLY TO BE COMPLETED BY THE LOCAL GOVERNMENT CLAIM IS PRESENTED TO)

WYOMING LOCAL GOVERNMENT - NOTICE OF CLAIM

THIS CLAIM FORM MAY BE RETURNED IF ALL REQUIRED SECTIONS (*) ARE NOT COMPLETED.

The following claim is submitted as an itemized written claim in accordance with the Wyoming Governmental Claims Act (W.S. 1-39-113). **NOTE: This claim form is to be completed by the claimant, signed in the presence of a notary public, and submitted to the governmental entity that your claim is against.**

***GOVERNMENTAL ENTITY NAME** that you are filing a claim against; i.e., the city, town, county, special district, etc. (if known, include the name of the Department and employee involved in incident)

Town of Alpine

Address: 250 River Circle , PO Box 3070, Alpine, WY 83128

***CLAIMANT INFORMATION:** (MUST BE OWNER OF DAMAGED PROPERTY) **NOTE:** If a minor is involved (under 18), the parent or guardian must complete and sign the claim form and state they are doing so on behalf of the minor. Please enter business name and address if property of business was damaged:

Full Name: Jennifer Baker

Mailing Address: PO Box 3356

City Alpine

State WY

Zip 83128

Providing a phone number and email address may expedite your claim.

Cell: (307) 880-2286

Other Daytime Phone: _____

FAX: _____

Email: jbaker@tcsd.org

NOTE: GOVERNMENTAL CLAIM FILES ARE CONFIDENTIAL BY STATE STATUTE.

Physical Address (if different from mailing address)

399 Columbine St.

City Alpine

State WY

Zip 83128

***DATE AND TIME OF LOSS** (if unknown, please state date of discovery):

Date: 11.11.25

Time 3:00

AM

PM

(Check one)

(Month, Day, Year)

Please note that noon is 12:00 P.M.

***SPECIFIC LOCATION OF LOSS OR INJURY:** (Where did the incident occur?):

Address/Street/Hwy 399 Columbine St

City/Town/Building Alpine

State WY

***PLEASE DESCRIBE IN DETAIL THE CIRCUMSTANCES OF THE LOSS AND/OR INJURY**

(YOUR ACCOUNT OF WHAT HAPPENED IS VERY IMPORTANT.) Additionally, you may submit photos, statements from witnesses, estimates for repair, receipts, or any other information that would support your claim.

See Attached

Please attach additional narrative to this claim form if more space is needed. If there are multiple claimants for one occurrence, each individual claimant must file a "Notice of Claim" form.

*AMOUNT OF COMPENSATION OR OTHER RELIEF DEMANDED: \$ 2,115.98

DO NOT LEAVE BLANK--PROVIDE AN ESTIMATION IF CURRENTLY UNKNOWN

(valid documentation will be required at a later date to support your demand if estimated.)

Are you represented by an attorney in this matter? Yes No

Name of attorney: _____

(The liability pool staff can only communicate directly through the attorney if represented by legal counsel)

This "Notice of Claim" form is provided only for the information and convenience of the claimant. The claimant is responsible for completing the form properly and accurately in accordance with the statutory requirements and presenting it to the proper entity. The governmental entity, which provided this form, makes no representations as to the sufficiency of the form or accuracy of the information provided.

It is the claimant's responsibility to fully comply with all the requirements of the Wyoming Governmental Claims Act (W.S. 1-39-101 through 1-39-120), including the applicable statutory time limits for the filing of your claim and commencement of a lawsuit. Your failure to follow the requirements of the Wyoming Governmental Claims Act may result in your claim being forever barred.

I (We) Jennifer Baker, have read and understand the provisions of the false swearing statute. I hereby certify under penalty of false swearing that the foregoing claim, including all of its attachments, if any, is true and accurate and that the claim is in compliance with the signature and certification requirements of Article 16, Section 7 of the Wyoming Constitution.

Jennifer Baker
Signature of Claimant

11-25-2025
Date

Jennifer Baker
Printed Name of Claimant

State of WYOMING

County of LINCOLN

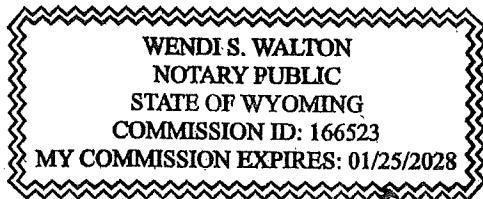
Subscribed and sworn to before me, a Notarial Officer (Notary), this

25th day of November, 2025

Notarial Officer (Notary) Wendi Walton Wendi Walton

My Commission Expires: 01/25/2028

(Seal)



November 22, 2025

RE: 399 Columbine St., Alpine, WY 83128

On the weekend of November 8, our downstairs toilets began to gurgle and would not flush. We tried troubleshooting but could not fix the issues ourselves. My husband called the Town of Alpine on Nov. 10 to notify them of the problem and see if there was a broader issue than just our house. The town informed us that everything was normal on their end.

We contacted a plumbing company, Element Plumbing, to investigate the issue. They snaked our drain line, ran a camera down our line, and jet washed the drain line to improve visibility. The problem lay under the street outside of our property line.

In discussions with Craig, the town engineer, we learned that the lateral sewer line from our house to the main sewer line was never connected during the subdivision sewer system installation. This connection was not the homeowner's responsibility. The homeowner was responsible for tying into the lateral sewer line only.

The town of Alpine fixed the problem promptly and connected the lateral sewer line to the main line. We are requesting that the town reimburse us for the expenses we incurred diagnosing this issue. The town has refused to reimburse us and suggested that we file this insurance claim.

We paid a connection fee in Aug. 2018 when we built the house. We have paid sewer fees monthly since 2019 even though the town infrastructure was not in place to provide these services.

We have since learned that other homes in our subdivision have not been properly connected to the main line and their diagnosis bills have been reimbursed by the town. Our issue is not an outlier. We feel strongly that the town of Alpine should pay for the diagnosis of this issue since it is no fault of our own.

Attachments include the plumbing invoice and pictures of the lateral line that was never connected to the main line. Thank you for reviewing this claim.

Jennifer Baker
Homeowner of 399 Columbine, Alpine, WY 83128

