



**CITY OF MARTINEZ**

**CITY COUNCIL AGENDA  
MARCH 3, 2010**

**TO:** Mayor and City Council  
**FROM:** Mercy G. Cabral, Deputy City Clerk  
**SUBJECT:** Rejection of Claim  
**DATE:** February 23, 2010

**RECOMMENDATION:**

Reject claims against the City by Haute Stuff and order that the claimant be notified.

**BACKGROUND:**

Claims should be rejected, the claimant notified of the rejection, and referred to Municipal Pooling Authority and/or the City Attorney. Government Code Section 912.6(4) provides, "If legal liability of the public entity ... is disputed, the City Council may reject the claim..."

The statute of limitations for filing a court action on a claim commences upon notification of rejection of claim.

**FISCAL IMPACT:**

No impact to General Fund.

**ACTION:**

Motion rejecting claims against the City and order that the claimants be notified of rejection.

Attachment: Claim #10-03

**APPROVED BY:**

A handwritten signature in cursive script, appearing to read "Philip V. Vize".

City Manager

Reserve for filing stamp



**CLAIM PRESENTED TO THE CITY OF MARTINEZ**  
\* Please read the instructions on the back before completing.

RECEIVED  
FEB 8 2010

CITY OF MARTINEZ  
CITY CLERK'S OFFICE

10-03

1. Claimant's Name: (PRINT) HAUTE STUFF RESTAURANT  
 Address: 521 MAIN ST, MARTINEZ, CA 94553  
 Day Phone: (916) 229-0521 Eve Phone: ( )

2. When did the damage or injury occur?  
 Month: Feb Day: 1st, 2nd Year: 2010 Time: a.m./p.m. MON 11AM Police Report # \_\_\_\_\_

3. At which location did the damage or injury occur? 521 MAIN ST MARTINEZ

4. a. What happened and why is the City responsible? city workers cut unmarked PGE line

b. Name and position of responsible City Employee(s), if known:

5. What damage or injury occurred?  
loss of 2 days revenue plus catering revenue

6. Claim amount (only if less than \$10,000): 2000.00  
 If the amount exceeds \$10,000, please check (X) the court of appropriate jurisdiction:  
 Municipal Court (claims up to \$25,000)  Superior Court (claims over \$25,000)

7. How did you arrive at the amount claimed? Please attach documentation. Average sales

8. I declare under penalty of perjury under the laws of the State of California that the following information is true and correct, and that this declaration was executed on Feb. 8, 2010, at Martinez CA.  
[Signature]  
 Signature of Claimant or Representative's Signature

9. Official Notices and Correspondence  
 If represented by an insurance company or an attorney, please provide the information requested below.  
 Name and Capacity: (PLEASE PRINT) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Daytime Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_