



**CITY OF MARTINEZ**

**CITY COUNCIL AGENDA  
March 2, 2011**

**TO:** Mayor and City Council  
**FROM:** Mercy G. Cabral, Deputy City Clerk  
**SUBJECT:** Rejection of Claim(s)  
**DATE:** February 25, 2011

**RECOMMENDATION:**

Reject claims against the City by Roy Jeans 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 claim against the City, and order that the claimant be notified of rejection.

Attachment: Claim #11-06

**APPROVED BY:**

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

City Manager



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

Reserve for filing stamp

**RECEIVED**  
**FEB 17 2011**

CITY OF MARTINEZ  
 CITY CLERK'S OFFICE  
 (11-06)

1. Claimant's Name: (PRINT) ROY A JEANS  
 Address: 707 Marina Vista Mtz  
 Day Phone: (925) 228 6985 Eve Phone: (925) 890 7325

2. When did the damage or injury occur?  
 Month: JAN Day: \_\_\_\_\_ Year: 2011 Time: a.m./p.m. \_\_\_\_\_ Police Report # \_\_\_\_\_

3. At which location did the damage or injury occur?  
Sidewalk and street @ 707 Marina Vista

4. a. What happened and why is the City responsible? The street improvement project smashed my sewer outlet

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

5. What damage or injury occurred?  
I no longer had any sewer service at my bar/cabaret. An inability to provide bathroom services cut into my bottom line.

6. Claim amount (only if less than \$10,000): 8,773.81  
 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.

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 16 2011, 2011, 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: ( ) \_\_\_\_\_