



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
April 3, 2013**

TO: Mayor and City Council
FROM: Mercy G. Cabral, Deputy City Clerk
SUBJECT: Rejection of Claim(s)
DATE: March 27, 2013

RECOMMENDATION:

Reject claim(s) against the City by Barbara Weigand, #13-03; and Monalisa Logronio, #13-04; and order that the claimants 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 the claims against the City and order that the claimants be notified.

Attachment: Claim(s) #13-03 and #13-04

APPROVED BY:



City Manager



RECEIVED
FEB 19 2013

CITY OF MARTINEZ
CITY CLERK'S OFFICE

(13-03)

1. Claimant's Name: (PRINT) BARBARA Weigand
AINGTON WAY, MA.

2. Year: 12 Police Report # N/A

3. At which location
REAR YARD Retaining wall washed out - 1048 Aington
QUARTER MAINTENANCE of up 11 storm
DRAIN CAUSED overflow of large amounts of water and mud from
uphill properties and City Street - see picture #1
per ed mitigation following prior storms - see picture #3, 4
mti 2 weight -
behind

5. What damage
d. d. Retaining wall see picture #2

\$2,000 +
Municipal Court (claims up to \$25,000) Superior Court (claims over \$25,000)

7.

B. Weigand
Signature of Claimant or Representative's Signature

City, State, Zip: _____ Evening Telephone: () _____



Reserve for filing stamp

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

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FEB 21 2013

CITY OF MARTINEZ
CITY CLERK'S OFFICE

(13-04)

1. Claimant's Name: (PRINT) MONALISA LOGRONO
Address: 1277 Monument Blvd Apt 71
CONCORD, CA 94520
Day Phone: () 925 478 9200 Eve Phone: () 925 478 9200

2. When did the damage or injury occur?
Month: 01 Day: 22 Year: 2013 Time: a.m./p.m. 9:30 AM Police Report # _____

3. At which location did the damage or injury occur? Alhambra Ave.

4. a. What happened and why is the City responsible? illegal zoning

b. Name and position of responsible City Employee(s), if known: NO

5. What damage or injury occurred? none but I paid \$300

6. Claim amount (only if less than \$10,000): _____
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 February 19, 2013 at Martinez CA.
Monalisa Logrono
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: () _____