COUNTY OF SANTA CRUZ

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

Agenda: 06/07/05

To: Santa Cruz County Board of Supervisors

Re: Claim of Cliff Evans, Claim No. 405-123

Original document and associated materials are on file at the Clerk of the Board of Supervisors.

In regard to the above-referenced claim, this is to recommend that the Board take the following action:

1. X Reject the claim of Cliff Evans, Claim No. 405-123 and refer to County Counsel.
2. _____ Deny the application to file a late claim on behalf of _____ and refer to County Counsel.
3. _____ Grant the application to file a late claim on behalf of _____ and refer to County Counsel.
4. _____ Approve the claim of _____ in the amount of _____ and reject the balance, if any, and refer to County Counsel.
5. _____ Reject the claim of _____ as insufficiently filed and refer to County Counsel.

RISK MANAGEMENT

By Janet McKinley
Janet McKinley, Risk Manager

DANA McRAE, COUNTY COUNSEL

By Julia Hill
Julia Hill, Assistant County Counsel

Cc: Tom Bolich, Public Works Department

405-123 Evans

0032

CLAIM AGAINST THE COUNTY OF SANTA CRUZ

(Pursuant to Section 910 et Seq., Govt. Code)

RECEIVED
2005 APR 26 PM 12: 08
PERSONNEL DEPT.

APR 2005 RECEIVED Clerk of the Board Board of Supervisors County of Santa Cruz

TO: BOARD OF SUPERVISORS
COUNTY OF SANTA CRUZ
ATTN: Clerk of the Board
Governmental Center
701 Ocean Street, Santa Cruz, CA 95060

1. Claimant's Name: CLIFF EVANS

Address: 270 LAKE DR.
BOULDER CREEK, CA. 95006

Phone No: 408-802-3843

P.O. Box to which notices are to be sent: _____

2. Occurrence: _____

Date: 4-10-05 Place: 270 LAKE DR. BOULDER CREEK, CA.

3. Circumstances of occurrence or transaction giving rise to claim: INCREASE IN CSA-7 FEE'S DELTA POSITIVE 1500.00 FOR SEWER ONLY! TRYED to EXPLAIN UNFAIRNESS TO PUBLIC WORKS WITH NO LUCK.... A WASTED EFFORT!!

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: "PROPOSITION 218 BROKEN" NO NOTICE BY MAIL! "NO BALLOT" "NO WARNING"... WAS BASED ON WATER USE!!! 2005 WILL RESORT back to base (FLAT RATE)

5. Name(s) of public employee(s) causing injury, damage or loss, if known: PUBLIC WORK'S GROUP

6. Amount claimed now ..... $ 1500

Estimated amount of future loss, if known ..... $ _____

TOTAL $ ≈ 1500

7. **Basis** for above computations: CSA-7 HANGE FOR SEWER

8. If the amount claimed is over $10,000, indicate the court of jurisdiction:

_____ Municipal Court _____ Superior Court

CLAIMANT'S SIGNATURE: Cliff Evans 4/20/05

Note: Claim must be presented to Clerk, Board of Supervisors, within **six** (6) **months** after the act which occasioned the **injury**.

Americans **with** Disabilities Act questions or requests for accommodations may be directed to the ADA Coordinator at 454-2962 (TDD 454-2123).

PER5003

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2/4-25-05