

OFFICE OF THE
COUNTY COUNSEL



COUNTY OF SANTA CRUZ

GOVERNMENT CENTER
(408)454-2040
FAX(408)454-2115

701 OCEAN STREET, ROOM 505, SANTA CRUZ. CALIFORNIA 95060-4068

HARRY A. OBERHELMAN III
MARIE COSTA
JANE M. SCOTT
RAHN GARCIA
TAMYRA CODE
PAMELA FYFE
ELLEN LEWIS
KIM BASKETT
LEE GULLIVER
DANA McRAE

DWIGHT L. HERR
COUNTY COUNSEL

DEBORAH STEEN
SAMUEL TORRES, JR.
CHIEF ASSISTANTS

GOVERNMENT TORT CLAIM
RECOMMENDED ACTION

Agenda November 24, 1998

ASSISTANTS

To: The Board of Supervisors

Re: Claim of Karen E. Chase, No. 899-052

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

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

X 1. Deny the claim of Karen E. Chase, No. 899-052 and refer to County Counsel.

Deny 2 the application to file a late claim on behalf of _____ and refer to County Counsel.

Grant 3 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 it as to the balance, if any, and refer to County Counsel.

5. Reject the claim of _____ as insufficiently filed and refer to County Counsel.

CC: Richard Bedal,
Treasurer-Tax Collector

RISK MANAGEMENT

By Janet McKinley

COUNTY COUNSEL

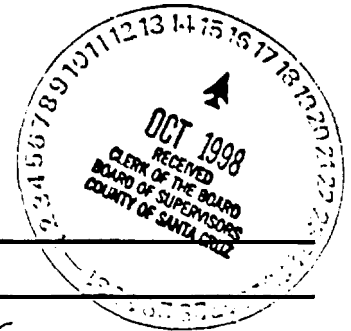
By [Signature]

LTR9.WPT

CLAIM AGAINST THE COUNTY OF SANTA CRUZ
(Pursuant to Section 9 10 et Seq., Govt. Code)

89-057 68

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: Karen E. Chase
Address: 744 A Buena Vista Dr.
Watsonville, Ca. 95076
Phone No: (408) 763-9331

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

2. Occurrence: Errors on my account
Date: 9/1998 Place: County Collections

Circumstances of occurrence or transaction giving rise to claim: I was given ^{amount} numbers and charge dates contradicting with each other. I cannot get anyone to negotiate my share of the cost. I was told I didnt owe the whole amount

4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known:
Does not apply

5. Name(s) of public **employee(s)** causing injury, **damage** or loss, if known: _____

6. Amount chimed now \$ _____

Estimated amount of future loss, if known _____

TOTAL \$ _____

7. Basis for above **computations**: _____

8. If the amount claimed is **over \$** 10,000, indicate the court of jurisdiction:
_____ Municipal Court _____ Superior court

CLAIMANT'S SIGNATURE: Karen E. Chase

Now **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).