

CHIEF ASSISTANTS

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GOVERNMENT TORT CLAIM

RECOMMENDED ACTION

	Agenda September 21, 1999
To:	Board of Supervisors
Re:	Claim of Santiago Calderon, No. 900-027
Origin	al document and associated materials are on file at the Clerk to the Board of Supervisors.
In rega	ard to the above-referenced claim, this is to recommend that the Board take the following action:
X	1. Deny the claim of Santiago Calderon, No. 900-027 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. Reject the claim of as insufficiently filed and refer
	to County Counsel.
сс	RISK MANAGEMENT B y Janet WKinley
PER510	Twp rev. 4/99

CLAIM AGAINST THE COUNTY OF SANTA CRUZ (Pursuant to Section 9 10 et Seq., Govt. Code) TO: BOARD OF SUPERVISORS COUNTY OF SANTA CRUZ ATTN: Clerk of the Board Governmental Center CLERK OF THE BOARD BOARD OF SUPERVISORS 701 Ocean Street, Santa Cruz, CA 95060 COUNTY OF SANTA CRUZ 1. Claimant's Name: – દદ<u>ુટ</u> Address: Phone No: P.O. Box to which notices are to be sent: 2. conf -iscated Circumstances of occurrence or transaction giving rise to claim: _K 4. General description of indebtedness, obligation, injury, damage or loss incurred so far as is now known: 5. Name(s) of public employee(s) causing injury, damage or loss, if known: 6. Amount claimed now Estimated amount of future loss, if known Mental and TOTAL S 7. stimate trom 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: 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).