

October 10, 2018

TO: City of Imperial

ATTENTION: Debra Jackson

RE: Claim

Claim

Claimant Member

Date Rec'd by Mbr

Date of Event

CW File Number

Torres vs. Imperial

Stephanie Torres

City of Imperial

10/4/18 4/8/18

1986383 WRV

Please allow this correspondence to acknowledge receipt of the captioned claim. Please take the following action:

• CLAIM REJECTION: Send a standard rejection letter to the claimant.

Please include a Proof of Mailing with your rejection notice to the claimant. An exemplar copy of a Proof of Mailing is attached. Please provide us with a copy of the Notice of Rejection and copy of the Proof of Mailing. If you have any questions feel free to contact the assigned adjuster or the undersigned claims specialist.

Very Truly Yours,

CARL WARREN & CO.

Timothy M. Varon

Timothy M. Varon Claims Supervisor