DATE SUBMITTED

06/24/2024

07/03/2024

Agenda Item No. 8-3

COUNCIL ACTION (X)

SUBMITTED BY

Kristen Smith

COUNCIL ACTION (X)
PUBLIC HEARING REQUIRED ()
RESOLUTION ()
ORDINANCE 1ST READING ()
ORDINANCE 2ND READING ()
CITY CLERK'S INITIALS ()

DATE ACTION REQUIRED

IMPERIAL CITY COUNCIL AGENDA ITEM

SUBJECT:	1.	/ACTION: orization to reject cla mmended by Carl Wa			051647 as	
DEPARTMENT IN	VOLVED: Human	Resources				
BACKGROUND/SI	JMMARY:					
		Warren & Company Anthony Vargas and	•			
FISCAL IMPAC There is no fis		CEED sociated with this act	tion.	FINANCE INITIALS	VMS	
STAFF RECOMME		to reject claim.		DEPT. INITIALS	KWS	
MANAGER'S REC	OMMENDATION:	Approve Staff Recommend	ation	CITY MANAGER'S INITIALS	DAM	
MOTION:						
SECONDED: AYES: NAYES: ABSENT:			APPROVED DISAPPROV REFERRED	ED ()		() ()

CLAIM FOR DAMAGE OR INJURY AGAINST THE CITY OF IMPERIAL, CALIFORNIA

Claims for death, injury to person, or to personal property must be filed not later than six months after the occurrence. (Gov. Code, Sec. 911.2)

Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code, Sec. 911.2)

TO: City of Imperial

WHERE did damage or in WHERE did damage or in HOW and under what ci WHAT particular action known) WHAT sum do you claim presentation of this claim \$ T; re. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ant wishes notices sent iry occur? 12:22pm ury occur? 15 fn 2nd cumstances did damage or injuit y the City, or its employees, cal	S/2V//2 IMCCCAL 29 ry occur? SCWCA	ge or injury? (Include l	Names of Employ
WHERE did damage or in WHERE did damage or in HOW and under what ci WHAT particular action known) WHAT sum do you claim presentation of this claim \$ T; re. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ury occur? 12:22pm ury occur? 16 fm 2nd cumstances did damage or injuit y the City, or its employees, car	used the alleged damag	ge or injury? (Include l	Names of Employ
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Side Skirt S	, together with the basis of cor	nputation of the amou	nt claimed: (Attach es	stimates or bills, li
Side Skirt S				
Side Skirt S				
SNAMES and addresses of		Total Amo		
NAMES and addresses of				
	witnesses, Doctors and Hospit	als:		
Signature of Claimant				

RECEIVED

MAY 24 4 1:29pm