



CARL WARREN & COMPANY
Claims Management and Solutions

September 29, 2015

TO: City of Imperial

ATTENTION: Debra Jackson

RE: Claim	:	Muniz vs. Imperial
Claimant	:	Israel Muniz
Member	:	City of Imperial
Date Rec'd by Mbr	:	8/18/15
Date of Event	:	8/14/15
CW File Number	:	1918125 TVQ

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 Specialist

AN EMPLOYEE-OWNED COMPANY

770 S. Placentia Avenue | Placentia, CA 92870

P. O. Box 25180 | Santa Ana, CA 92799-5180

www.carlwarren.com | Tel: 714-572-5200 | 800-572-6900 | Fax: 866-254-4423

CA License No. 2607296