RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes ______ No _____ X __)
Pass and adopt this Resolution authorizing Chairman to sign order of the Board to reject Claim No. C91-10 which was filed with this Board on August 9, 1991. Claimants did not indicate a dollar amount, however, they contend injuries and damages were sustained resulting from a vehicle/motorcycle accident.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Board usually follows the recommendation of Counsel in these matters.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Claim would automatically be denied if no action was taken.

COST: ( ) Not Applicable
A. Budgeted current FY $________
B. Total anticipated costs $________
C. Required add'l funding $________
D. Source: __________________________

SOURCE: ( ) 4/5ths Vote Required
A. Internal transfers $________
B. Unanticipated revenues $________
C. Reserve for contingency $________
D. Description: __________________________
Balance in Reserve for Contingencies, if approved: $________

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
Claim No. C91-10 and Notice of Rejection

CLERK’S USE ONLY:
Resolution No. 91-400
Ordinance No. ______________________
Vote: Ayes: ______ Noes: ______
Absent: ______ Abstained: ______
( ) Approved ( ) Denied
( ) Minute Order Attached

The foregoing instrument is a correct copy of the original on file in this office.

DATE: ____________________________
ATTEST: MARGIE WILLIAMS
Clerk of the Board of Supervisors
County of Mariposa, State of Calif.
By: ____________________________
Deputy

ADMINISTRATIVE OFFICER’S RECOMMENDATION:
This item on agenda as: 
____ Recommended
____ Not Recommended
____ For Policy Determination
____ Submitted with Comment
____ Returned for Further Action

Comment: ____________________________

A.O. Initials: ________________________

Action Form Revised 12/89