SPECIAL INSTRUCTIONS: 1) Submit Original of Action Form. 2) Submit eleven (11) copies of entire item unless exception authorized by Clerk. 3) Number all pages, list the attachments, and prepare all Exhibits.

DEPT.: COUNTY COUNSEL  BY: JEFFREY G. GREEN  PHONE: 966-3625

RECOMMENDED ACTION AND JUSTIFICATION:

Pass and adopt resolution authorizing Chairman to sign order of the Board to reject Claim Number C99-13 which was filed with this Board on September 1, 1989 in the amount of $250,000.00. County Counsel's Office recommends that the Claim be denied. There are no substantive charges contained in the Claim, therefore the Claim should be denied.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board usually follows recommendation of County Counsel in legal matters of this nature.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

The Claim would automatically be denied at the end of the statute of limitations if no action was taken by the Board.

LIST ATTACHMENTS:

Denial and Claim

COST: ( ) None

A. Bud/current FY $ __________
B. Tot/Add't Cost $ __________
C. Req/Add': Fund $ __________
D. Source: ____________________

SOURCE: ( ) 4/5's Vote Required
A. Other Budget's Funds $ __________
B. Unantop'd revenues $ __________
C. Reserve for contingency $ __________
D. Other: ____________________
Balance in Reserve for Contingency if approved: $ __________

CLERK'S USE ONLY:
Resolution No. 89- 471
Ordinance No. __________
Vote: Ayes: 4
Nays: 
Absent: 
Amended: Tabor
Approved ( ) Denied
Date: 9-19-89

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

By Deputy: ________