

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 C89-13 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

<u>COST:</u> () None	<u>SOURCE:</u> () 4/5's Vote Required
A. Bud/current FY \$ _____	A. Other Budget's Funds \$ _____
B. Tot./Antcp Cost \$ _____	B. Unantcp'd revenues \$ _____
C. Req/Add'l Fund \$ _____	C. Reserve for contngcy \$ _____
D. Source: _____	D. Other: _____
	Balance in Reserve for Contingency if approved: \$ _____

CLERK'S USE ONLY:
 Resolution No. 89-471
 Ordinance No. _____
 Vote: Ayes: 4
 Noes: _____
 Absent: _____
 Abstained: Faber
 Approved () Denied ()
 Minute Order Attached ()
 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: _____