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**City of Fall River
Massachusetts**
Department of Community Utilities
WATER • SEWER

JASIEL F. CORREIA II
Mayor

TERRANCE SULLIVAN
Administrator

TO: City Council
FROM: Terrance Sullivan
Administrator/Community Utilities
DATE: March 1, 2016
RE: Construction Projects

The Sewer Division is planning to bid and construct two large flood control projects in 2016.

The projects are the Middle Street Drainage Improvements Project and the Globe Four Corners Sewer Improvements Project. Descriptions are attached. Funding for these projects has been previously authorized.

Please contact me if you have any questions or comments.

TJS/omc
Attachments

RECEIVED
2016 MAR -2 A 11: 26
CITY CLERK
FALL RIVER, MA

Middle Street Drainage Improvements Project

Current Issues

Flooding occurs within Middle Street and the surrounding side streets during periods of wet weather. The flooding is caused by a combination of an inadequately sized combined sewer system and an insufficient number of catch basins. Additionally, flows in the combined sewer during larger storm events trigger combined sewer overflows from the Middle Street outfall, which discharge untreated wastewater into Mount Hope Bay.

Project Purpose

- To mitigate street flooding within the Middle Street watershed
 - For up to a 33-year storm event on Middle Street (historic storm on September 5, 2012)
 - For up to a 10-year storm on side streets
- To mitigate combined sewer overflow discharges from the Middle Street outfall

Project Scope

Base Bid

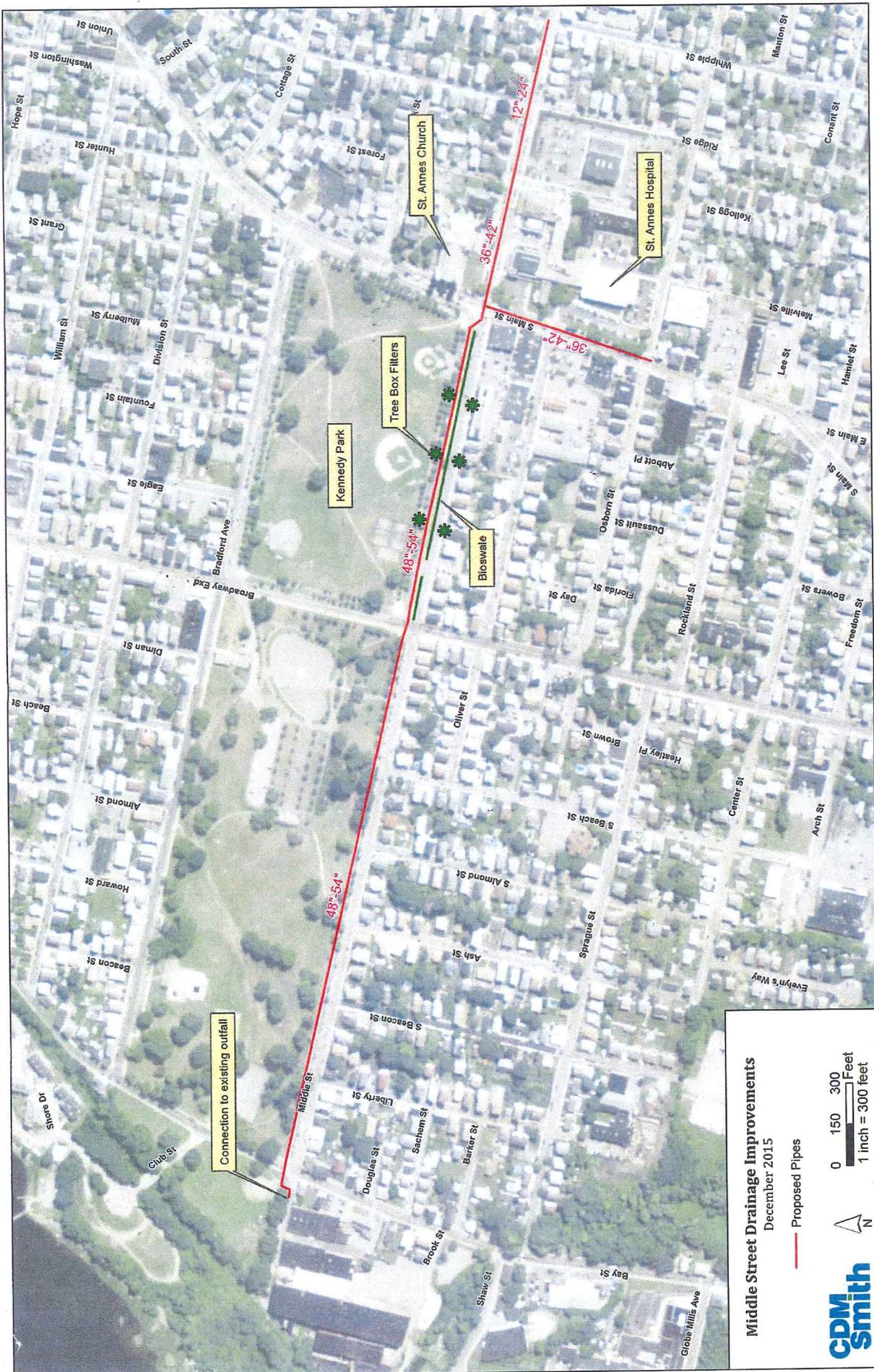
- Sewer separation on Middle Street from Whipple Street to Bay Street and on South Main Street from Middle Street to Osborn Street
 - 7,150 linear feet of 12- to 54-inch drain pipe and 110 linear feet of box culvert
 - 76 catch basins and four, 8-foot sections of trench drain
 - Drainage stubs for future sewer separation work at nine locations
- Stormwater Best Management Practices (BMPs)
 - Six Tree Box Filters
 - 1,000 linear feet of Bioswale
- Mill and overlay pavement on Middle Street from South Main Street to Broadway.
- New sidewalk on north side of Middle Street from Broadway to Bay Street.

Bid Alternate 1

- Sidewalk replacement on Middle Street from South Main Street to Broadway

Bid Alternate 2

- Full depth roadway reconstruction on Middle Street from Broadway to Bay Street.
- Mill and overlay pavement on Middle Street from Whipple Street to South Main Street and on South Main Street from Middle Street to Osborn Street.



Middle Street Drainage Improvements
 December 2015

— Proposed Pipes

0 150 300 Feet
 1 inch = 300 feet

N

CDM Smith

Connection to existing outfall

Kennedy Park

Tree Box Fillers

St. Annes Church

St. Annes Hospital

Bioswale

0 150 300 Feet
 1 inch = 300 feet

N

CDM Smith

Globe Four Corners Sewer Improvements Project

Current Issues

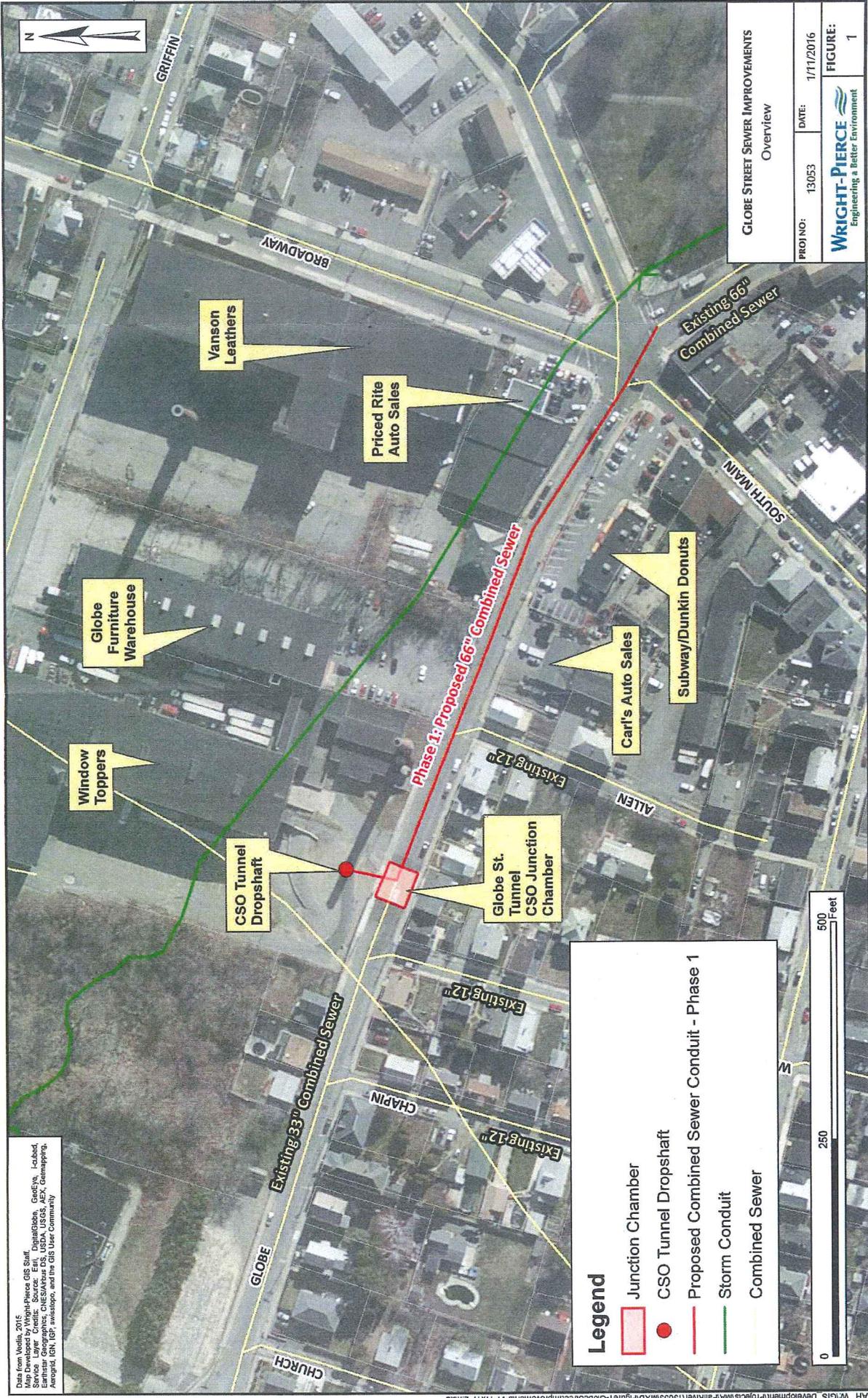
The intersection of Globe Street, South Main Street, and Broadway, known locally at Globe Four Corners, is subject to significant roadway and overland flooding, combined sewage overflows, system surcharging and sewage backups during elevated wet weather storm events. In recent years, an increased frequency of intense rainstorms has exacerbated the flooding issues within the Globe Four Corners area, increasing the risk to public health, safety and property.

Project Purpose

- To increase the hydraulic capacity of the combined sewer from Globe Four Corners to the Globe Street CSO Tunnel Drop Shaft.
- To mitigate area flooding and combined sewer overflows in the Globe Four Corners area.

Project Scope

- **Base Bid**
 - Replacement of the existing 33-inch diameter combined sewer with an approximate 5'-9" x 4'-0" pre-cast concrete box culvert (equivalent of 66-inch diameter pipe) along Globe Street. Proposed pipeline modifications include:
 - 720 linear feet of pre-cast concrete box culvert with cast-in-place concrete base slab.
 - 3 precast concrete sewer manholes and 2 transition junction chamber structures.
 - Select demolition of the existing 33-inch combined sewer system.
 - Existing 33-inch combined sewer to be kept live during construction.
 - Removal, replacement and relocation of several underground utilities within the Globe Four Corners intersection, including existing 12- and 10-inch diameter water mains and a 4-inch diameter temporary water main bypass installation.
 - Modification of Globe Street CSO Junction Tunnel Drop Shaft Structure to accommodate the proposed pre-cast box culvert tie-in connection.
 - Mill and overlay pavement on Globe Street from Wilcox Street to South Main Street, including Globe Four Corners.



Data from Veolia, 2015.
 Map Downloaded from Esri's GIS Staff.
 Software Credits: Source: Esri, DigitalGlobe, GeoEye, i-cubed, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AEX, GeoMapping, AeroGRID, IGN, IGP, swisstopo, and the GIS User Community

Legend

- Junction Chamber
- CSO Tunnel Dropshaft
- Proposed Combined Sewer Conduit - Phase 1
- Storm Conduit
- Combined Sewer



GLOBE STREET SEWER IMPROVEMENTS
 Overview

PROJ NO: 13053 DATE: 1/11/2016

WRIGHT-PIERCE
 Engineering a Better Environment

FIGURE: 1

CITY OF FALL RIVER

6

To the City Council

Councillors:

The Committee on Ordinances and Legislation, at a meeting held on March 1, 2016, voted unanimously to recommend the accompanying proposed ordinance, accompanied by an emergency preamble, be passed through first reading, second reading, passed to be enrolled and passed to be ordained, with Councilor Joseph D. Camara absent and not voting.

Caitleen A. Taylor
Clerk of Committees

City of Fall River, In City Council

EMERGENCY PREAMBLE

WHEREAS, the immediate passage of the accompanying proposed ordinance is deemed necessary inasmuch as it vitally affects the health and safety of the public, now therefore

BE IT RESOLVED, that said ordinance is hereby deemed an emergency measure in accordance with the provisions of Chapter 43, Section 20 of the Massachusetts General Laws.

City of Fall River, *In City Council*

BE IT ORDAINED by the City Council of the City of Fall River, as follows:

That Chapter 70 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to traffic be amended as follows:

By inserting in Section 70-387, which section relates to handicapped parking, in proper alphabetical order the following:

Fourth Street, west side, starting at a point 371 feet north of Plymouth Avenue, for a distance of 20 feet northerly

Hope Street, north side, starting at a point 46 feet east of Grant Street, for a distance of 20 feet easterly

King Phillip Street, south side, starting at a point 261 feet east of King Street, for a distance of 20 feet easterly

Locust Street, north side, starting at a point 47 feet east of Chaloner Street, for a distance of 20 feet easterly

Mount Hope Avenue, north side, starting at a point 47 feet east of Hughes Street, for a distance of 20 feet easterly

Oliver Street, south side, starting at a point 106 feet east of Broadway, for a distance of 20 feet easterly

Stowe Street, west side, starting at a point 94 feet north of Danis Street, for a distance of 20 feet northerly

Third Street, east side, starting at a point 190 feet north of Branch Street, for a distance of 20 feet northerly

Whipple Street, east side, starting at a point 139 feet south of Berkley Street, for a distance of 20 feet southerly

CITY OF FALL RIVER

7

To the City Council

Councillors:

The Committee on Ordinances and Legislation, at a meeting held on March 1, 2016 voted unanimously to recommend that the accompanying proposed ordinance be passed through first reading, with Councilor Joseph D. Camara absent and not voting.

Colleen A. Taylor
Clerk of Committees

City of Fall River, *In City Council*

BE IT ORDAINED by the City Council of the City of Fall River, as follows:

That Chapter 70 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to traffic be amended as follows:

By striking out in Section 70-387, which section relates to handicapped parking the following:

Hambly Street, east side, starting at a point 140 feet south of Globe Street, for a distance of 20 feet southerly

Mulberry Street, west side, starting at a point 75 feet south of William Street, for a distance of 20 feet southerly

Palmer Street, north side, starting at a point 258 feet west of East Main Street, for a distance of 20 feet westerly

Purchase Street, west side, starting at a point 80 feet north of Pine Street, for a distance of 25 feet northerly

Slade Street, south side, starting at a point 20 feet east of Wilbur Street, for a distance of 20 feet easterly

Smith Street, west side, starting at a point 66 feet north of Warren Street, for a distance of 25 feet northerly

South Oxford Street, west side, starting at a point 303 feet south of Brayton Avenue, for a distance of 20 feet southerly

Thompson Street, west side, starting at a point 150 feet south of Brownell Street, for a distance of 25 feet southerly

Tuttle Street, east side, starting at a point 170 feet north of King Phillip Street, for a distance of 20 feet northerly

Walnut Street, north side, starting at a point 105 feet east of Durfee Street, for a distance of 20 feet easterly

CITY OF FALL RIVER

8

To the City Council

Councillors:

The Committee on Ordinances and Legislation, at a meeting held on March 1, 2016 voted unanimously to recommend that the accompanying proposed ordinance be passed through first reading, with Councilor Joseph D. Camara absent and not voting.

Callen A. Taylor
Clerk of Committees

City of Fall River, *In City Council*

BE IT ORDAINED by the City Council of the City of Fall River, as follows:

That Section 82-71 of Appendix A – Fee Schedule of the Revised Ordinances of the City of Fall River be amended as follows:

By striking out in sub-section (a) of said section, “\$35.00”, and inserting in place thereof, “\$150 for moorings in Battleship Cove, \$100 for moorings outside Battleship Cove, and \$50 for moorings in Watuppa Pond.

CITY OF FALL RIVER
IN CITY COUNCIL
FEB 09 2016

*Referred to the Committee
on Ordinances and Legislation*

City of Fall River, In City Council

17

(Councilor Steven A. Camara)
(Councilor Cliff Ponte)

BE IT ORDAINED by the City Council of the City of Fall River, as follows:

That Chapter 62 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to solid waste, be amended as follows:

Section 1.

By striking out in Section 62-2, which section relates to Collection and disposal generally, the following:

(d) The fee for collection/disposal shall be as defined in Appendix A-Fee Schedule. Any owner of a multi-family dwelling may request an abatement of the \$120/year household trash fee for any unit in the dwelling that will remain vacant for the entire fiscal year during which the fee is billed. Said abatement request shall be made to the Director of Community Maintenance by filing an Application for an Abatement of a Household Trash Fee, within 10 days of the postmark of the household trash fee invoice. Upon receipt of the signed Application for Abatement of a Household Trash Fee, the Director shall complete an inspection of the unit to verify vacancy. The abatement will be processed prior to the due date of the invoice.

Section 2.

By striking out in Appendix A-Fee Schedule for the Revised Ordinances of the City of Fall River, Massachusetts, 1999, Chapter 62, which chapter relates to solid waste, be amended the following:

§62-2(d)	Annual fee for collection/disposal of household trash	\$120.00 per household
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City of Fall River, In City Council

18

(Councilor Steven A. Camara)
(Pam Laliberte-Lebeau)

BE IT ORDAINED, by the City Council of the City of Fall River, as follows:

That Chapter 2 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to Administration, be amended as follows:

That Chapter 50 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to Personnel, be amended as follows:

By striking out in Section 50-309, which section relates to salary schedules generally, the following:

Director of Community Maintenance
Per contract

and, by inserting in place thereof, the following:

Director of Community Maintenance
4-15-2016 \$3,076.92

This ordinance shall take effect upon passage to be ordained.

City of Fall River, In City Council

BE IT ORDAINED, by the City Council of the City of Fall River, as follows:

That Chapter 2 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to Administration, be amended as follows:

Section 1

By inserting in section 2-205, which section pertains to generally, the following:
(11) Department of Buildings and Grounds

Section 2

By striking in section 2-208, sub-section (b), which section pertains to Department of community maintenance, "the municipal buildings division".

Section 3

By inserting a new section 2-216, as follows:
Department of Buildings and Grounds
Established. There shall be a Department of Buildings and Grounds which shall be under the supervision of the City Administrator and which shall be responsible for municipal buildings, custodians, plumbers, electricians, cleaning contractor(s) and Community Preservation Act/capital projects.

Section 4

By striking out Subdivision V. Division of Municipal Buildings in its entirety.

Section 5

That Chapter 50 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to Personnel, be amended as follows:

By striking out in Section 50-301, which section relates to salary schedules generally, the following:

Buildings and grounds manager:
7-1-2013 \$2,394.64
6-30-2014 \$2,418.59

and, by inserting in place thereof, the following:

Director of Buildings and Grounds
3-15-2016 \$3,769.24

This ordinance shall take effect upon passage to be ordained.

APPROVED
BY THE CITY COUNCIL

FEB 23 2016

Passa through first reading, as amended, 6 years, 12 months (to be confirmed about)

City of Fall River, In City Council

20

(Councilor Stephen R. Long)

WHEREAS, the Fall River Industrial Park, Fall River Commerce Park and the Southcoast Life Science and Technology Park have been working diligently to improve conditions to all businesses located there, and

WHEREAS, a loan order was approved in 2015 for Fall River Industrial Park Improvements, and

WHEREAS, this area of the City is working hard to bring more businesses to the City of Fall River, now therefore

BE IT RESOLVED, that the Committee on Economic Development and Tourism convene to discuss the status of the Fall River Industrial Park, Fall River Commerce Park and the Southcoast Life Science and Technology Park.

City of Fall River, In City Council

21

(Councilor Richard Cabeceiras)

WHEREAS, the opioid epidemic has negatively impacted many of the residents of Fall River, and

WHEREAS, the cost of dealing with the epidemic hurts the local economy, and

WHEREAS, Fall River could benefit from a multi-prong approach to attack the issue, now therefore

BE IT RESOLVED, that representatives from the Administration, Department of Health and Human Services, Police Department, Fire Department and Emergency Medical Services be invited to a future meeting of the Committee on Public Safety in order to discuss the opioid epidemic, what's being done about it and potential ways to mitigate its negative effect on the community.

City of Fall River, In City Council

22

(Councilor Linda M. Pereira)

WHEREAS, vacant mills in the City of Fall River create a serious public safety hazard due to the possibility of fire, and

WHEREAS, fires that occur in these old mills are often quick to burn due to oil soaked floors and could eventually spread to nearby residences, now therefore

BE IT RESOLVED, that the Committee on Public Safety convene to discuss the status of mills in the city and what can be done to prevent fires in these vacant mills.

City of Fall River, *In City Council*

23

(Councilor Pam Laliberte-Lebeau)

WHEREAS, substance abuse is an on-going problem in our city and nationwide,
and

WHEREAS, the City of Fall River is committed to protecting the health and safety
of our residents, now therefore

BE IT RESOLVED, that an educational presentation be given by Seven Hills
Behavioral Health regarding Narcan, an emergency treatment for opioid overdoses, at a
future meeting of the City Council Committee on Public Safety.

MAKE CHECKS PAYABLE TO:



Prima CARE, P.C.

Billing Department
PO Box 1029, Fall River, MA 02722-1029
508-675-7819

ONLINE BILL PAY AT www.prima-care.com

15-252A

IF PAYING BY CREDIT CARD, FILL OUT BELOW

VISA MasterCard DISCOVER AMERICAN EXPRESS 29

CARD NUMBER _____ EXP. DATE _____

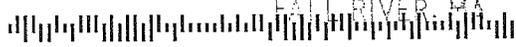
SIGNATURE _____ AUTHORIZATION CODE:
(usually last 3 or 4 digits on back of card in signature line)

STATEMENT DATE 02/08/2016	PAY THIS AMOUNT \$35.00	ACCT. # 196357
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STATEMENT DUE DATE: 03/09/2016 SHOW AMOUNT PAID HERE \$

ADDRESSEE:

ADDRESS SERVICE REQUESTED 3 1



FERNANDO R MEDEIROS
444 OSBORN ST
FALL RIVER, MA 02724-3453

546
189
1518467

REMITTO:

PRIMA CARE PC
BILLING DEPARTMENT
PO BOX 1029
FALL RIVER MA 02722-1029



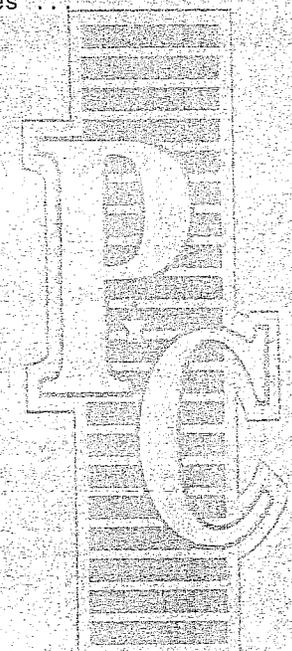
Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Page 1 of 1

DATE	DESCRIPTION	CHARGES	PAYMENT / ADJUSTMENT	BALANCE
11/17/15	Patient Name: Fernando R Medeiros			
11/17/15	Claim:1147790, Provider: George Raukar, MD			
11/17/15	Facility: Prima CARE Orthopedic	\$198.00		
12/07/15	Medicare Hmo Blue Bc65		\$163.00	
02/08/16	Your Balance Due On These Services ...			\$35.00



CITY CLERK
FALL RIVER, MA
2016 FEB 22 P 1:58
RECEIVED



ONLINE BILL PAY AT www.prima-care.com

Prima CARE, P.C.
Billing Department
PO Box 1029, Fall River, MA 02722-1029

FOR QUESTIONS, PLEASE CALL: 508-675-7819

PATIENT BALANCE DUE	\$35.00
STATEMENT DUE DATE	03/09/2016



RECEIVED

2016 FEB 19 A 11:52

#16-17

CITY CLERK
FALL RIVER, MA

City of Fall River
Notice of Claim

1. Claimant's name: Michael Giannotti SR
2. Claimant's complete address: 184 Anthony St Apt #3 Fall River, Ma 02721
3. Telephone number: Home: 508-567-8887 Work: 401-619-3700
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
pothole caused physical damage to two car tires
5. Date and time of accident: 2/16/16 @ 8:30pm Amount of damages claimed: \$ 169.06
6. Exact location of the incident: (include as much detail as possible):
Jefferson Street (pothole)
7. Circumstances of the incident: (attach additional pages if necessary):
Came off brawton ave exit and turned left onto Jefferson Street proceeded down going 20mph and hit a pothole (heard loud bang) tilted over and back passenger side tire was losing air and passenger side
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: Yes No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 2-19-2016

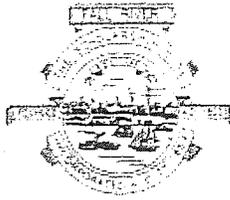
Claimant's signature: [Signature]

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Return this from to : **City Clerk, 2nd Fl., One Government Center, Fall River, MA 02722**

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:							
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input type="checkbox"/> DPW		
						Date:	<u>FEB 19 2016</u>



City of Fall River
Notice of Claim

RECEIVED

2016 FEB 19 A 11:27

CITY CLERK 16-18
FALL RIVER, MA

1. Claimant's name: Susan Tavares
2. Claimant's complete address: 623 Grinnell St Fall River MA 02724
3. Telephone number: Home: 5084962054 Work: 5084962054
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Property Damage
5. Date and time of accident: _____ Amount of damages claimed: \$ 100.00
6. Exact location of the incident: (include as much detail as possible):
Pothold near 605 & 617 Grinnell St
7. Circumstances of the incident: (attach additional pages if necessary):
Bent rim on passenger side due to pothold.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: Yes No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 2/16/16

Claimant's signature: Susan M Tavares

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Return this from to : City Clerk, 2nd Fl., One Government Center, Fall River, MA 02722

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For official use only:						FEB 19 2016
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	Date: _____



RECEIVED

2016 FEB 22 P 12:17

City of Fall River
Notice of Claim

CITY CLERK 16-19
FALL RIVER, MA

1. Claimant's name: Tracey Miguel Vehicle Reg to Arnold Miguel
2. Claimant's complete address: 89 Prospect St Apt 2n Fall River, MA 02720
A.M. 625 Sanford rd westport MA 0279
3. Telephone number: Home: 774-417-9266 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Property Damage to vehicle
5. Date and time of accident: 1/24/16 Amount of damages claimed: \$ 82.35
6. Exact location of the incident: (include as much detail as possible):
Prospect St facing downhill between June & School St
7. Circumstances of the incident: (attach additional pages if necessary):
Vehicle suffered severe front end damage during water main break. To Herod end & motor mount from rocks & debris. many of which were still stuck in vehicle. Car was not driveable after incident.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: Yes No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 2/22/16

Claimant's signature: Tracey Miguel

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Return this from to : City Clerk, 2nd Fl., One Government Center, Fall River, MA 02722

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>2/22/2016</u>



RECEIVED

City of Fall River
Notice of Claim

2016 FEB 24 A 9:08

CITY CLERK 16-20
FALL RIVER, MA

1. Claimant's name: Melissa Arruda
2. Claimant's complete address: 542 Spencer St. Fall River, MA 02721
3. Telephone number: Home: 774-930-0561 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
I ran over a Sewer cap that was uncovered.
5. Date and time of accident: 1/31/2016 8:30PM Amount of damages claimed: \$ 185.00
6. Exact location of the incident: (include as much detail as possible):
Spencer St Fall River,
7. Circumstances of the incident: (attach additional pages if necessary):
I was driving at night and I didnt notice the sewer cover and ran over it. My tire immediately deflated and left a slice in my tire. I had to replace the tire.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: Yes No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

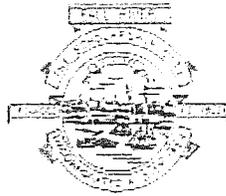
Date: 2/24/2016 Claimant's signature: Melissa Arruda

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Return this from to : City Clerk, 2nd Fl., One Government Center, Fall River, MA 02722

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law
<input checked="" type="checkbox"/> City Council	<input type="checkbox"/> City Administrator
<input checked="" type="checkbox"/> DPW	Date: <u>2/24/2016</u>



City of Fall River
Notice of Claim

RECEIVED

2016 FEB 24 A 11: 21

CITY CLERK 16-21
FALL RIVER, MA

- 1. Claimant's name: Adam Morin
2. Claimant's complete address: 31 Haskell Street
3. Telephone number: Home: 508 674 0278 Work: 781 269 7620
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage): vehicle damage caused by a pothole
5. Date and time of accident: 2/7/2016 Amount of damages claimed: \$418.65 (invoice attached)
6. Exact location of the incident: (include as much detail as possible): Herman St. (eastbound) at intersection with Quiney St.
7. Circumstances of the incident: (attach additional pages if necessary): Traveling eastbound on Herman and struck a pothole. I was unable to avoid as it was only visible when I was upon it as it was filled with water. There was also a vehicle traveling in the opposite direction so I had nowhere to go. My van sustained damage to the steering rack causing fluid to leak
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: [] Yes [x] No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 2/8/16 Claimant's signature: [Signature]

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Return this from to : City Clerk, 2nd Fl., One Government Center, Fall River, MA 02722

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:
Copies forwarded to: [x] City Clerk [x] Law [x] City Council [] City Administrator [x] DPW Date: Feb 24, 2016



RECEIVED

City of Fall River
Notice of Claim

2016 FEB 29 A 9:39

CITY CLERK 16-22
FALL RIVER, MA

1. Claimant's name: Zamalur Rahman
2. Claimant's complete address: 593 Locust St. 1st Floor, Fall River, MA 02730
3. Telephone number: Home: 508-676-0610 Work: 774-301-4350
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
auto accident.
5. Date and time of accident: 02-05-16 3:10 pm Amount of damages claimed: \$ 200.
6. Exact location of the incident: (include as much detail as possible):
in front of the house on the other side.
7. Circumstances of the incident: (attach additional pages if necessary):
Few branches from the tree fell on my car and broked damaged the trunk and back of the car's light.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: Yes No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 2/29/16 Claimant's signature: ZAMALUR RAHMAN

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Return this from to : City Clerk, 2nd Fl., One Government Center, Fall River, MA 02722

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For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>02-29-2016</u>



Council

RECEIVED

2016 FEB 29 A 11: 25

City of Fall River
Notice of Claim

CITY CLERK 16-23
FALL RIVER, MA

1. Claimant's name: Julia A. Kingston
2. Claimant's complete address: 484 Walnut Street
3. Telephone number: Home: 508-675-7597 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
pot hole / between pine + cherry
5. Date and time of accident: 2/17/16 Amount of damages claimed: \$ 34.53
6. Exact location of the incident: (include as much detail as possible):
between Pine + Cherry
7. Circumstances of the incident: (attach additional pages if necessary):
will send photo's, hit pot hole and blew out tire
High Street is full of potholes from Bedford to Walnut
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: Yes No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 2/24/16

Claimant's signature: Julia A. Kingston

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

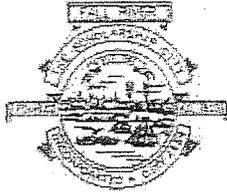
Return this from to : City Clerk, 2nd Fl., One Government Center, Fall River, MA 02722

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:

Copies forwarded to: City Clerk Law City Council City Administrator DPW

Date: FEB 29 2016



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2016 MAR -2 A 9:43

City of Fall River
Notice of Claim

CITY CLERK 16-24
FALL RIVER, MA

- 1. Claimant's name: Jose Rodrigues
2. Claimant's complete address: 53 Lewis St
3. Telephone number: Home: 774-417-0979 Work: 508-588-1000
4. Nature of claim: 2 Tires
5. Date and time of accident: 2-21-16 2:15 AM Amount of damages claimed: \$ 58.00
6. Exact location of the incident: Chace & Globe St.
7. Circumstances of the incident: I paid for the tire I need the city to pay for the mount & balance.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: [] Yes [x] No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

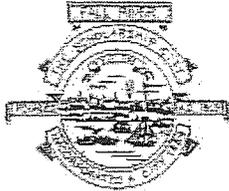
Date: 3-2-16 Claimant's signature: Jose Rodrigues

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Return this from to : City Clerk, 2nd Fl., One Government Center, Fall River, MA 02722

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For official use only:
Copies forwarded to: [x] City Clerk [x] Law [] City Council [] City Administrator [x] DPW Date: 3/2/16



City of Fall River
Notice of Claim

RECEIVED

2016 MAR -2 P 2:46

CITY CLERK 16-25
FALL RIVER, MA

1. Claimant's name: Kenneth Pavao
2. Claimant's complete address: 609 Birch St Apt 3 Fall River Ma. 02724
3. Telephone number: Home: 508 989-4398 Work: 508 676-1091
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
2 blow-out tires on same pot-hole 2 different days
5. Date and time of accident: 2-23-16 2:30AM Amount of damages claimed: \$ 307.70
2-25-16 2:30AM
6. Exact location of the incident: (include as much detail as possible):
On Broadway 100 feet North from Columbia St
7. Circumstances of the incident: (attach additional pages if necessary):
Hit the same pothole 2 out of 3 days going to work
Called public works about it, Pothole still
there to this day.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: Yes No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 3-2-16

Claimant's signature: Kenneth Pavao

WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Return this from to : City Clerk, 2nd Fl., One Government Center, Fall River, MA 02722

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For official use only:

Copies forwarded to: City Clerk Law City Council City Administrator DPW

Date: 3/2/16



City of Fall River
Notice of Claim

RECEIVED

2016 MAR -2 A 11:54

CITY CLERK 16-26
FALL RIVER, MA

1. Claimant's name: Melissa R. Barbosa
2. Claimant's complete address: 182 Read St. Fall River, MA. 02720
3. Telephone number: Home: (617)803-0718 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
major pothole caused flat tire
5. Date and time of accident: 2/16/16 @ 11:00pm Amount of damages claimed: \$ 141.30
6. Exact location of the incident: (include as much detail as possible):
Area in front of 127 High St. closer to corner.
7. Circumstances of the incident: (attach additional pages if necessary):
On 2/16/16, I was driving home via High St around 11pm. The road was wet and pothole was filled with water making it difficult to see. I hit the pothole and immediately noticed a change in the car. When I got home 2 minutes later, my passenger tire was completely flat!
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: Yes No

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any documents that you provide will become the property of the City of Fall River; therefore, please retain copies of any such documents for your files.) Attach any other information you believe will be helpful in the processing of your claim (for example, names and addresses of any witnesses, written medical records if personal injury was sustained).

I swear that the facts stated above are true to the best of my knowledge.

Date: 2/10/16

Claimant's signature: Melissa R. Barbosa

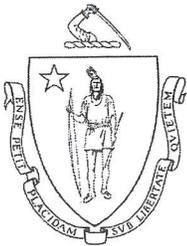
WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Return this from to : City Clerk, 2nd Fl., One Government Center, Fall River, MA 02722

You should consult with your own attorney in preparing this claim form to understand your legal rights. The Office of the Corporation Counsel is unable to provide legal assistance to private citizens.

For official use only:						Date: <u>MAR 2, 2016</u>
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> <u>DPW</u>	

30



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY
ATTORNEY GENERAL

(617) 727-2200
(617) 727-4765 TTY
www.mass.gov/ago

February 26, 2016

CJ Ferry
300 Buffinton Street
Fall River, MA 02721

RE: Open Meeting Law Complaint

Dear Mr. Ferry:

Thank you for contacting the Attorney General's Office. On February 1, 2016, we received your Open Meeting Law complaint, which was originally received by the Fall River City Council on or about January 27, 2016. We will review your complaint and will contact you in the event that we require additional information. We will notify you of our determination following our Office's review.

Your complaint may be resolved through either a formal order or informal action. Formal orders contain a detailed discussion of the alleged violation, applicable legal requirements, and may order any of the remedies provided in G.L. c. 30A, § 23(c). If a complaint is appropriate for informal action, we will attempt to resolve the matter by speaking to the parties, followed by a brief letter noting whether or not there was a violation and what remedial action was taken.

For additional information on the Open Meeting Law and the complaint process, please visit our website at www.mass.gov/ago/openmeeting. Please do not hesitate to contact the Division of Open Government with any further questions.

Sincerely,

Bongani T. Jeranyama
Paralegal
Division of Open Government

CITY CLERK
FALL RIVER, MA

2016 FEB 29 A 11:25

RECEIVED

cc: Joseph I. Macy, Esq., Fall River Corporation Counsel
Fall River City Council



JASIEL F. CORREIA II
Mayor

City of Fall River
Massachusetts
Office of the Mayor

After Agenda

RECEIVED

2016 MAR -4 A 11: 20

CITY CLERK _____
FALL RIVER, MA

March 4, 2016

The Honorable City Council
City of Fall River
One Government Center
Fall River, MA 02722

RE: Loan Order (Refunding Bonds)

Honorable Members of the Council:

Pursuant to Chapter 44, Section 21A of the General Laws, following is an authorization to issue refunding bonds in the amount of \$25 million. The existing bonds were issued in 2006 and 2008 and the refunding is estimated to generate debt service savings up to \$3 million over the remaining life of the bonds.

Your approval of this Loan Order for Refunding Bonds is respectfully requested.

Best Regards,

Jasiel F. Correia II
Mayor

**CITY OF FALL RIVER
LOAN ORDER
(Refunding Bonds)**

CITY OF FALL RIVER, In City Council

ORDERED: That in order to reduce interest costs, the Treasurer, with the approval of the Mayor, is authorized to issue refunding bonds in the amount of \$25 million, at one time or from time to time, pursuant to Chapter 44, Section 21A of the General Laws, or pursuant to any other enabling authority, to refund all or any portion of the City's general obligation bonds outstanding as of the date of adoption of this Order and that the proceeds of any refunding bonds issued pursuant to this vote shall be used to pay the principal, redemption premium and interest on the bonds of the City to be refunded, and costs of issuance of the refunding bonds; and that the Treasurer is authorized to execute such documents as may be necessary or desirable to carry out this transaction, including one or more refunding trust agreements with a bank or trust company.

FURTHER ORDERED: That the Treasurer is authorized to file an application with the appropriate officials of The Commonwealth of Massachusetts (the "Commonwealth") to qualify under Chapter 44A of the General Laws any and all bonds of the City to be issued pursuant to this Order, and to provide such information and execute such documents as such officials of the Commonwealth may require.

RECEIVED

2016 MAR -4 A 11: 20

CITY CLERK
FALL RIVER, MA

City of Fall River, Massachusetts

\$29,305,000 General Obligation State Qualified Refunding Bonds

Dated May 15, 2016 - Cur Ref 7/15/06 & Adv Ref 7/15/08

National AA Scale as of 2/26/16 +20bpt - Investments for 2/29/16

Debt Service Comparison

Date	Total P+I	Existing D/S	Net New D/S	Old Net D/S	Savings	Fiscal Total
05/15/2016	-	-	-	-	-	-
07/15/2016	-	2,741,500.00	2,741,500.00	3,413,298.16	671,798.16	-
01/15/2017	781,466.67	61,600.00	843,066.67	733,398.16	(109,668.51)	-
06/30/2017	-	-	-	-	-	562,129.65
07/15/2017	1,516,100.00	1,566,600.00	3,082,700.00	3,218,398.16	135,698.16	-
01/15/2018	567,500.00	31,500.00	599,000.00	683,698.16	84,698.16	-
06/30/2018	-	-	-	-	-	220,396.32
07/15/2018	1,497,500.00	1,606,500.00	3,104,000.00	3,238,698.16	134,698.16	-
01/15/2019	548,900.00	-	548,900.00	632,598.16	83,698.16	-
06/30/2019	-	-	-	-	-	218,396.32
07/15/2019	3,118,900.00	-	3,118,900.00	3,282,598.16	163,698.16	-
01/15/2020	497,500.00	-	497,500.00	570,635.64	73,135.64	-
06/30/2020	-	-	-	-	-	236,833.80
07/15/2020	3,127,500.00	-	3,127,500.00	3,295,635.64	168,135.64	-
01/15/2021	444,900.00	-	444,900.00	515,155.64	70,255.64	-
06/30/2021	-	-	-	-	-	238,391.28
07/15/2021	3,114,900.00	-	3,114,900.00	3,285,155.64	170,255.64	-
01/15/2022	391,500.00	-	391,500.00	457,433.76	65,933.76	-
06/30/2022	-	-	-	-	-	236,189.40
07/15/2022	3,161,500.00	-	3,161,500.00	3,332,433.76	170,933.76	-
01/15/2023	336,100.00	-	336,100.00	397,546.27	61,446.27	-
06/30/2023	-	-	-	-	-	232,380.03
07/15/2023	3,191,100.00	-	3,191,100.00	3,372,546.27	181,446.27	-
01/15/2024	279,000.00	-	279,000.00	334,244.41	55,244.41	-
06/30/2024	-	-	-	-	-	236,690.68
07/15/2024	3,224,000.00	-	3,224,000.00	3,409,244.41	185,244.41	-
01/15/2025	220,100.00	-	220,100.00	268,310.02	48,210.02	-
06/30/2025	-	-	-	-	-	233,454.43
07/15/2025	3,260,100.00	-	3,260,100.00	3,453,310.02	193,210.02	-
01/15/2026	159,300.00	-	159,300.00	198,887.52	39,587.52	-
06/30/2026	-	-	-	-	-	232,797.54
07/15/2026	3,249,300.00	-	3,249,300.00	3,453,887.52	204,587.52	-
01/15/2027	97,500.00	-	97,500.00	127,125.00	29,625.00	-
06/30/2027	-	-	-	-	-	234,212.52
07/15/2027	2,492,500.00	-	2,492,500.00	2,612,125.00	119,625.00	-
01/15/2028	49,600.00	-	49,600.00	65,000.00	15,400.00	-
06/30/2028	-	-	-	-	-	135,025.00
07/15/2028	2,529,600.00	-	2,529,600.00	2,665,000.00	135,400.00	-
06/30/2029	-	-	-	-	-	135,400.00
Total	\$37,856,366.67	\$6,007,700.00	\$43,864,066.67	\$47,016,363.64	\$3,152,296.97	-

PV Analysis Summary (Net to Net)

Gross PV Debt Service Savings	2,811,019.14
Net PV Cashflow Savings @ 2.236%(AIC)	2,811,019.14
Contingency or Rounding Amount	6,671.18
Net Present Value Benefit	\$2,817,690.32
Net PV Benefit / \$30,555,000 Refunded Principal	9.222%
Net PV Benefit / \$29,305,000 Refunding Principal	9.615%

Refunding Bond Information

Refunding Dated Date	5/15/2016
Refunding Delivery Date	5/15/2016

File | Fall River after 14 refunding.sf | 16-02-29 Prop Refundings | Issue Summary | 2/29/2016 | 1:44 PM