

City of Fall River Massachusetts
Office of the City Clerk

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2015 MAY -8 A 11: 08

MAY 7, 2015

CITY CLERK _____
FALL RIVER, MA

ALISON M. BOUCHARD
CITY CLERK

MEETINGS SCHEDULED FOR NEXT WEEK
CITY COUNCIL CHAMBER

INÊS LEITE
ASSISTANT CITY CLERK

TUESDAY, MAY 12, 2015

5:30 P.M. PUBLIC HEARING – Municipal Electricity Aggregation Plan

6:00 P.M. COMMITTEE ON FINANCE

1. *Transfers and appropriations (see item #1 below)

AGENDA

7:00 P.M. REGULAR MEETING OF THE CITY COUNCIL OR IMMEDIATELY FOLLOWING THE COMMITTEE ON FINANCE MEETING IF THAT MEETING RUNS PAST 7:00 P.M.

PRIORITY MATTERS

1. *Transfers and appropriations (see #1 Finance)
2. *Mayor req. confirmation of Alfredo P. Alves to Board of Election Commissioners
3. *Mayor and proposed ordinance re water/sewer connections and Infiltration/Inflow Program and fee schedule
4. *Mayor and loan order re Phase 15 of the Water Improvement Projects
5. *Mayor and communication from Administrator of Community Utilities re restoration of city roads and sidewalks
6. *Mayor and draft Intermunicipal Agreement between the City of Fall River and the Town of Freetown for development in the Southcoast Life Science and Technology Park
7. *Mayor and order accepting provisions of MGL Chapter 40, Section 8G
8. *Mayor and proposed amendments to Fee Schedule relative to boat ramp fees

PRIORITY COMMUNICATIONS

9. Traffic Commission recommending amendments to the traffic ordinances

COMMITTEE REPORTS

Committee on Ordinances and Legislation recommending:

First Reading, as amended:

10. Proposed ordinance – Traffic, misc.
11. *Proposed ordinance – amend solid waste fees
12. *Proposed ordinance – amend solid waste fees (official city bag)
13. *Proposed ordinance – structures projecting on/over public way

All readings with Emergency Preamble:

14. *Proposed Ordinance – Traffic, Handicapped Parking

Referral to Traffic Commission:

15. Traffic, misc. – Pine Street

ADA Coordinator: Gary P. Howayeck, Esq. 508-324-2650

One Government Center • Fall River, MA 02722
TEL 508-324-2220 • FAX 508-324-2211 • EMAIL city_clerks@fallriverma.org

ORDINANCES

Second Reading and Enrollment:

16. *Proposed ordinance – Traffic, misc.
17. *Proposed ordinance – Traffic, misc.
18. *Proposed ordinance – Site Plan Review

RESOLUTIONS

19. *Committee on Ordinances and Legislation meet to discuss the possibility of an Ordinance stipulating that when a Mayor leaves office the staff in the Mayor's Office, Corporation Counsel and Asst. Corporation Counsels be vacated within 30 days
20. *Committee on Finance discuss fees associated with credit card payments and electronic check/ACH payments when paying real estate, motor vehicle excise, personal property and water bills

CITATIONS

21. Scott Fastino – 50th Birthday
22. Fall River Jewish Home – 90th Anniversary

ORDERS – HEARINGS FOR TONIGHT

Underground conduit:

23. Durfee Street – install approximately 130' +/- of 2-4" conduits for customers on Odd Street

Second hand article store:

24. Natasha Vera d/b/a Finders Keepers located at 427 Second Street

ORDERS – HEARINGS TO BE SCHEDULED – None

ORDERS – NO HEARING REQUIRED – None

ORDERS – MISCELLANEOUS

25. Police Chief's report on licenses
26. Auto body shop renewals
27. Revocation of auto repair shop license no. 312 for Wayne Senechal d/b/a Wayne's Auto & Performance located at 28 Augustus Street at the license holder's request
28. Revocation of auto repair shop license no. 328 for Alaa Hussein d/b/a Abualia Auto Sale Service, LLC located at 999 Broadway at the license holder's request
29. City Engineer prepare plans for the acceptance of Winslow Street, from North Main Street to dead end

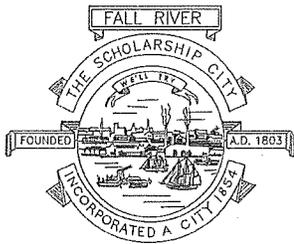
COMMUNICATIONS – INVITATIONS – PETITIONS

30. *Claims
31. Community Preservation Committee Minutes – April 6, 2015 and May 4, 2015
32. Structure over public way – American Cancer Society – Banner on South Main Street At Center Place and Cultural Center
33. *City resident re school lunch program
34. *City resident informing City Council of pot hole

BULLETINS – NEWSLETTERS – NOTICES

35. D.E.P. – Wetlands and Waterways Regulation Programs – Fall River City Pier


City Clerk



**City of Fall River
Massachusetts
Office of the Mayor**

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2015 MAY -7 P 4: 51

CITY CLERK _____
FALL RIVER, MA

C. SAMUEL SUTTER
Mayor

May 7, 2015

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

Dear Honorable Council Members:

In accordance with the provisions of Chapter 44, Section 32 of the Massachusetts General Laws, I recommend the following appropriations to your Honorable Body.

These appropriations are necessitated due to the regular periodic review of the operating budget. The following appropriations will assist the City in meeting its Fiscal Year 2015 obligations:

1. \$25,932 That the sum of \$25,932 be, and the same is, hereby transferred and appropriated from the INSURANCE RECOVERY FUND, to be credited to the WATER ENTERPRISE FUND – CAPITAL EXPENDITURES
- \$15,000 That the sum of \$15,000 be, and the same is, hereby transferred and appropriated from the EXTRAORDINARY REPAIRS INACTIVE CAPITAL PROJECT, to be credited to the WATERFRONT IMPROVEMENT CAPITAL PROJECT

If you have any questions or concerns regarding this, please feel free to contact me.

Sincerely,

C. Samuel Sutter
Mayor



**City of Fall River
Massachusetts
Office of the Mayor**

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2015 MAY -7 P 4: 52

CITY CLERK _____
FALL RIVER, MA

C. SAMUEL SUTTER
Mayor

April 28, 2015

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

Dear Honorable Councilors:

It is requested that a transfer of funds in the amount of \$25,932.00 be made within the Water Administration Division budget. These funds which were received and deposited into the City Treasury were part of a claim for a total loss on a 2014 Ford Transit vehicle. The transfer is required so that the department may replace the vehicle.

The funds are currently in GL account 40800010:488000 and the transfer is requested to go into GL account 64507244:584900 "Water Administration Capital".

Your approval is respectfully requested.

Sincerely,

C. Samuel Sutter
Mayor

Fall River Harbormaster Office

Fall River Police Department, P.O. Box 509, Fall River, MA 02722 -0509

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5/7/2015

2015 MAY -8 A 10: 20

To: Mayor C. Samuel Sutter

CITY CLERK
FALL RIVER, MA

Dear Mayor Sutter:

I would like to request funding in the amount of \$15,000.00 to fund several harbor improvements which can provide immediate benefits to boating visitors in Fall River.

- Repair and replace floating docks that will be used as visitor dinghy docks open to the public. These floats will be placed just west of the carousel building. Prior to this the city has not been able to provide shore access to visitors arriving by boat.
- Repair and replace several transient moorings in Battleship Cove. These moorings will be available for daily rental to transient visitors.
- Purchase signs to direct visiting boaters to available moorings, tie-up areas, and shore access points.

Sincerely,



Bob Smith

Fall River Asst. Harbormaster

City of Fall River, In City Council

May 12, 2015

1

ORDERED:

That the sum of \$25,932 be, and the same is, hereby transferred and appropriated from the INSURANCE RECOVERY FUND, to be credited to the WATER ENTERPRISE FUND – CAPITAL EXPENDITURES

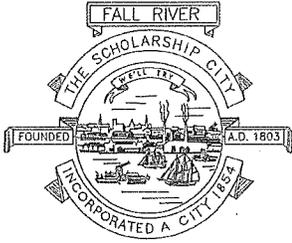
City of Fall River, In City Council

May 12, 2015

2

ORDERED:

That the sum of \$15,000 be, and the same is, hereby transferred and appropriated from the EXTRAORDINARY REPAIRS INACTIVE CAPITAL PROJECT, to be credited to the WATERFRONT IMPROVEMENT CAPITAL PROJECT



City of Fall River
Massachusetts
Office of the Mayor

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2015 MAY -7 P 4:51

CITY CLERK _____
FALL RIVER, MA

C. SAMUEL SUTTER
Mayor

May 7, 2015

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

RE: Appointment for Board of Election Commissioners

Mr. President and Members of the Honorable Council:

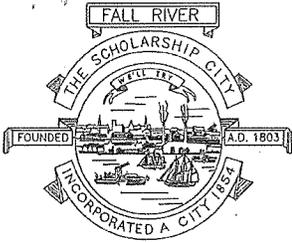
I hereby request confirmation by the City Council for the following appointment:

Alfredo P. Alves
750 Davol St. #512
Fall River, MA 02720

As a member of Board of Election Commissioners with a term to expire April 1, 2016.

Thank you for your favorable consideration in this regard.

C. Samuel Sutter
Mayor



City of Fall River
Massachusetts
Office of the Mayor

C. SAMUEL SUTTER
Mayor

April 29, 2015

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

Dear Councilors:

Attached please find correspondence from Terrance Sullivan, Adm. of Community Utilities, for ordinances relating water/sewer service connections and the Infiltration/Inflow Program/fee schedule.

I respectfully request your approval for these ordinances and fee schedules.

Respectfully,

C. Samuel Sutter
Mayor

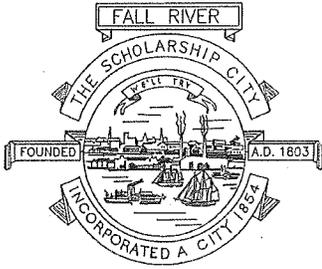
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FALL RIVER, MA

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

C. SAMUEL SUTTER
Mayor

TERRANCE SULLIVAN
Administrator

April 24, 2015

The Honorable C. Samuel Sutter, Mayor
One Government Center
Fall River, MA 02722

Dear Mayor Sutter:

It is respectfully requested that the attached ordinances relating to water/sewer service connections; and the Infiltration/Inflow Program/fee schedule be submitted to the City Council for approval.

Respectfully,

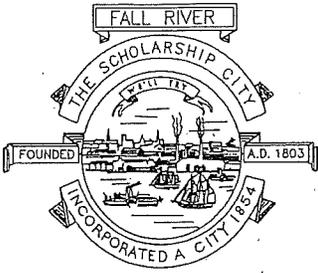
Terrance J. Sullivan
Admn. Of Community Utilities

TJS/omc
Attachment

CITY CLERK
FALL RIVER, MA

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

C. SAMUEL SUTTER
Mayor

TERRANCE SULLIVAN
Administrator

March 27, 2015

The Honorable C. Samuel Sutter, Mayor
One Government Center
Fall River, MA 02722

Dear Mayor Sutter:

It is respectfully requested that the attached ordinances relating to water/sewer service connections; and the Infiltration/Inflow Program/fee schedule be submitted to the City Council for approval.

Respectfully,

Terrance J. Sullivan
Admn. Of Community Utilities

TJS/omc
Attachment

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FALL RIVER, MA

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City of Fall River, *In City Council*

Public Utilities

- Updated Sewer Ordinance Submitted for Approval:

Sec. 74-112 (c)

Any new construction must tie into sewer where available. Any existing structure tying into sewer must connect to water if available.

- New Water Ordinance Submitted for Approval:

74-335 Connection to water main

Any new construction must tie into water where available. Any existing structure tying into water must connect to sewer if available.

City of Fall River, *In City Council*

OLD:

Sec. 74-202. Infiltration and inflow reduction program.

- (a) Any project which is of sufficient discharge capacity and requires a state sewer extension permit pursuant to Massachusetts Sewer System Extension and Connection Permit Program, title 314 CMR 7.00 must contribute to the reduction of infiltration and inflow to the public sewer system. This may be in the form of a limited inflow/infiltration study, actual removal of inflow/infiltration by pipeline rehabilitation, combined sewer separation, storm drain installation, specific pipeline maintenance projects, a permit fee or other method as approved by the sewer commission and department of community maintenance.
- (b) Such inflow/infiltration reduction must establish an effective removal or planned removal of five times that volume proposed to that which is being introduced.

(Rev. Ords. 1988, § 19-147; Ord. No. 2008-40, § 12(74-202), 7-15-2008)

NEW:

Sec. 74-202. Infiltration and inflow reduction program.

- (a) Any project that is new construction connecting to the sewer system, or which is of sufficient discharge capacity and requires a state sewer extension permit pursuant to Massachusetts Sewer System Extension and Connection Permit Program, title 314 CMR 7.00 must contribute to the reduction of infiltration and inflow to the public sewer system. This may be in the form of a limited inflow/infiltration study, actual removal of inflow/infiltration by pipeline rehabilitation, combined sewer separation, storm drain installation, specific pipeline maintenance projects, a permit fee or other method as approved by the sewer commission and department of community utilities.
- (b) Such inflow/infiltration reduction must establish an effective removal or planned removal of four times that volume proposed to that which is being introduced.
- (c) Massachusetts Department of Environmental Protection approval of 314 CMR 7.00 permits is no longer required; the Sewer Division shall continue to implement the 314 CMR 7.00 Program.
- (d) Inflow/infiltration permit fee shall be per Appendix A. Fee Schedule and shall apply to all new residential, commercial and industrial construction or expansion.

NEW:

Appendix A Fee Schedule

Sec. 74-202. Infiltration and inflow reduction program.

\$ 1.00 per gallon of the projected sewer discharge flow as approved by the Sewer Division up to a maximum of \$25,000.00.



C. SAMUEL SUTTER
Mayor

City of Fall River
Massachusetts
Office of the Mayor

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FALL RIVER, MA

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April 29, 2015

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

Dear Councilors:

Attached please find correspondence from Terrance Sullivan, Adm. of Community Utilities, regarding the proposed Loan Order for Phase 15 of the Water Improvement Projects.

I respectfully request your approval for this loan order.

Respectfully,

C. Samuel Sutter
Mayor

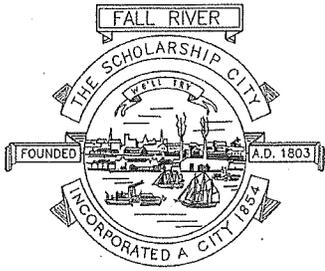
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City of Fall River, *In City Council*

LOAN ORDER (Water System Improvements)

ORDERED, that \$4,894,000 is appropriated for the purpose of financing construction and design of Phase 15 of the City's Water Project including without limitation all costs thereof as defined in Section 1 of Chapter 29C of the General Laws; and to meet this appropriation the Treasurer, with the approval of the Mayor, is authorized to borrow \$4,894,000 and to issue bonds or notes therefore under Chapter 44 of the General Laws and/or Chapter 29C of the General Laws or any other enabling authority; that such bonds or notes shall be general obligations of the City unless the Treasurer, with the approval of the Mayor, determines that they should be issued as limited obligations and may be secured by local system revenues as defined in Section 1 of Chapter 29C; that the Treasurer, with the approval of the Mayor, is authorized to borrow all or a portion of such amount from the Massachusetts Water Pollution Abatement Trust ("Trust") established pursuant to Chapter 29C and in connection therewith to enter into a loan agreement and/or a security agreement with the Trust and otherwise to contract with the Trust and the Department of Environmental Protection ("Department") with respect to such loan and for any federal or state aid available for the project or for the financing thereof; and that the Mayor is authorized to enter into a project regulatory agreement with the Department, to expend all funds available for the project and to take any other action necessary to carry out the project.

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.



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

C. SAMUEL SUTTER
Mayor

TERRANCE SULLIVAN
Administrator

April 24, 2015

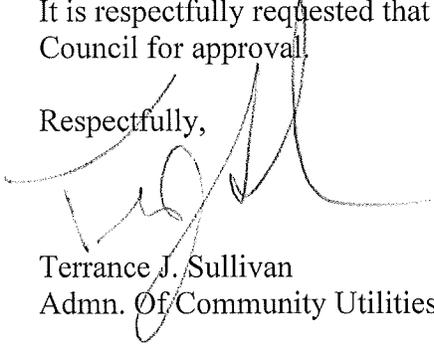
The Honorable C. Samuel Sutter, Mayor
One Government Center
Fall River, MA 02722

RE: Water Improvement Projects
Phase 15 Loan Order

Dear Mayor Sutter:

It is respectfully requested that the above referenced loan order be submitted to the City Council for approval.

Respectfully,

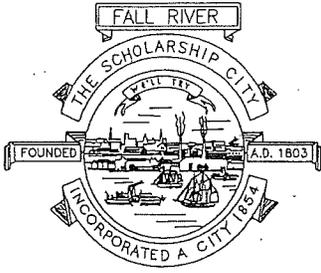

Terrance J. Sullivan
Admn. Of Community Utilities

TJS/omc
Attachment

CITY CLERK
FALL RIVER, MA

2015 MAY -4 A 11: 34

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

C. SAMUEL SUTTER
Mayor

TERRANCE SULLIVAN
Administrator

March 27, 2015

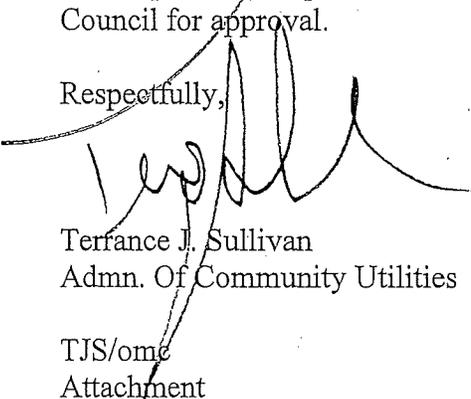
The Honorable C. Samuel Sutter, Mayor
One Government Center
Fall River, MA 02722

RE: Water Improvement Projects
Phase 15 Loan Order

Dear Mayor Sutter:

It is respectfully requested that the above referenced loan order be submitted to the City Council for approval.

Respectfully,

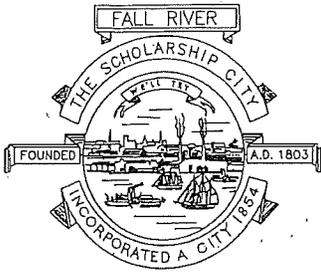

Terrance J. Sullivan
Admn. Of Community Utilities

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CITY CLERK
FALL RIVER, MA

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

C. SAMUEL SUTTER

Mayor

March 20, 2015

TERRANCE SULLIVAN
Administrator

Watuppa Water Board
One Government Center
Fall River, MA 02722

RE: Water Improvement Projects Phase 15
Loan Order

Dear Board Members:

Please find attached the proposed Loan Order for Phase 15 of the Water Improvement Projects. Supporting documents on the debt cost, rate impact and specific project scope of work have been attached as well.

I am respectfully requesting that this Phase 15 loan be approved.

The grant funding and subsidized loans for several of the projects require that the loan order be approved prior to June 30, 2015. Failure to achieve said approval can result in the loss of grant and loan subsidy funds.

The debt projections indicate no effect on the water rate for 2015; less than half a penny on the rate for 2016 and 2017 and ten cents on the rate in 2018.

Your support of this project is respectfully requested.

Sincerely,

Terrance J. Sullivan
Admin. Community Utilities

TJS/omc
Attachments

CITY CLERK
FALL RIVER, MA

2015 MAY -4 A 11:34

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3/26/15
Approved by the
Water Board.

Estimates of Phase 15 Project Debt

3.20.15

Entire Project (Planning/Design/Construction).

Total Project Cost	\$4,894,000
Repayment Less 10% EJC reduction	\$4,404,600

Estimated Cost of Short Term Debt	
	\$0
BAN-\$200,000 at 4%	\$8,000
BAN-\$400,000 at 4%	\$16,000

Effect on the Water Rate	Year
\$0.00	2015
\$0.0026	2016
\$0.0052	2017

year	Phase 15		
	Principal	Interest	Annual P&I
	\$4,404,600		
	\$4,894,000		
1	\$220,230	\$88,092	\$308,322
2	\$220,230	\$83,687	\$303,917
3	\$220,230	\$79,283	\$299,513
4	\$220,230	\$74,878	\$295,108
5	\$220,230	\$70,474	\$290,704
6	\$220,230	\$66,069	\$286,299
7	\$220,230	\$61,664	\$281,894
8	\$220,230	\$57,260	\$277,490
9	\$220,230	\$52,855	\$273,085
10	\$220,230	\$48,451	\$268,681
11	\$220,230	\$44,046	\$264,276
12	\$220,230	\$39,641	\$259,871
13	\$220,230	\$35,237	\$255,467
14	\$220,230	\$30,832	\$251,062
15	\$220,230	\$26,428	\$246,658
16	\$220,230	\$22,023	\$242,253
17	\$220,230	\$17,618	\$237,848
18	\$220,230	\$13,214	\$233,444
19	\$220,230	\$8,809	\$229,039
20	\$220,230	\$4,405	\$224,635
TOTALS	\$4,404,600	\$924,966	\$5,329,566

Effect on the Water Rate	Estimate Start of Long Term Debt
\$0.10	2018
\$0.10	2019
\$0.10	2020
\$0.10	2021
\$0.09	2022
\$0.09	2023
\$0.09	2024
\$0.09	2025
\$0.09	2026
\$0.09	2027
\$0.09	2028
\$0.08	2029
\$0.08	2030
\$0.08	2031
\$0.08	2032
\$0.08	2033
\$0.08	2034
\$0.08	2035
\$0.07	2036
\$0.07	2037

CITY CLERK
FALL RIVER, MA

2015 MAY -4 A 11:34

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WATER DIVISION
 WATER SYSTEMS IMPROVEMENTS PROJECTS
 FINANCIAL SUMMARY

PHASE 15

Component	Date	Function	Funding	Total Cost
CM	2016	Construction Management	MWP/PAT Pending	\$350,000.00
Mains	2016	water main improvements/SR	MWP/PAT Pending	\$2,100,000.00
Plant	2016	Disinfectant change over/Haskel Hill THM remov	MWP/PAT Pending	\$700,000.00
Police	2016	construction details	MWP/PAT Pending	\$225,000.00
Contingency	2016			\$263,000.00
PENDING SRF/MCWT				\$3,698,000.00
Design	2015-2016	Design	open market	\$200,000.00
Advertising	2016	Advertising	open market	\$6,000.00
Paving	2016	Street Paving	open market	\$300,000.00
WTP SCADA	2015-2016	Upgrade SCADA and Telemetry	open market	\$250,000.00
1873 PS SCADA	2015-2016	Design/CM	open market	\$50,000.00
1873 PS stabilization	2016	Screen House Repair/Front Window rehab	open market	\$300,000.00
Contingency	2016			\$150,000.00
SUB TOTAL OPEN MARKET				\$1,256,000.00
Total				\$4,894,000.00

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2015 MAY - 4 A 11: 35

CITY CLERK
 FALL RIVER, MA



City of Fall River
Massachusetts
Office of the Mayor

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2015 MAY -1 P 5:02

CITY CLERK _____
FALL RIVER, MA

C. SAMUEL SUTTER
Mayor

April 24, 2015

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

Dear Councilors:

Attached please find a letter from Terrance Sullivan, Adm. of Community Utilities, regarding restoration of city roads and sidewalks. Mr. Sullivan mentions that there are funds available within the Water Main Improvement Projects Phases 3-12 and as such is working closely with the City Treasurer, Bond Counsel and the Engineering Dept. to move this restoration forward.

I respectfully request your approval for this restoration of city roads and sidewalks.

Respectfully,

C. Samuel Sutter
Mayor

Attachment



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

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2015 MAY -1 P 5:02

C. SAMUEL SUTTER
Mayor

CITY CLERK _____ **TERRANCE SULLIVAN**
FALL RIVER, MA Administrator

April 21, 2015

The Honorable C. Samuel Sutter, Mayor
One Government Center
Fall River, MA 02722

Dear Mayor Sutter:

The Water Division has been working with the Engineering Division regarding street improvement needs and alternatives. As you know the extreme winter conditions have resulted in significant roadway issues.

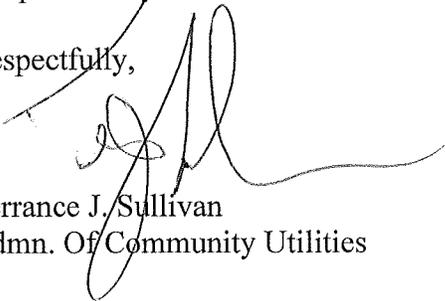
The Water Division has also been reviewing the closeout of previous loan orders for Water System Improvement Projects that are near completion. The Water Division has delineated \$3,118,049.81 of authorized and un-used funds from Phase 3-12. Said funds can be used for the restoration of roads and sidewalks where applicable Water Improvement Projects have occurred. Our review indicates that said work can proceed. We are having the Treasurer and Bond Counsel review to confirm.

We are planning to proceed with the Engineering Division on the restoration of roads and sidewalks where applicable.

This action will have dual purposes to improve road conditions and complete/closeout past Water System Improvement Projects.

I request that you forward this letter to the City Council for notification.

Respectfully,


Terrance J. Sullivan
Admn. Of Community Utilities

APPROVED:


Mayor Date



City of Fall River
Massachusetts
Office of the Mayor

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2015 MAY -7 P 4:03

C. SAMUEL SUTTER
Mayor

CITY CLERK _____
FALL RIVER, MA

May 7, 2015

Honorable Joseph D. Camara
President
Fall River City Council
One Government Center
Fall River, MA 02722

Dear Council President Camara:

Attached for your information, review and City Council action, please find a draft Intermunicipal Agreement between the City of Fall River and the Town of Freetown. The Intermunicipal Agreement was drafted to allow the two municipalities to work cooperatively to encourage the development and location of new businesses in the SouthCoast Life Science and Technology Park at Fall River with the objectives of job creation, job retention, stimulation of private investment and the expansion of the tax base in each municipality. The Intermunicipal Agreement has already been approved by the Town of Freetown's Board of Selectmen.

Thank you for your time and attention to this matter. If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

C. Samuel Sutter
Mayor

Attachments

cc: City Council Members

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2015 MAY -7 P 4: 04

CITY CLERK _____
FALL RIVER, MA

INTERMUNICIPAL AGREEMENT
BETWEEN
THE CITY OF FALL RIVER
AND
THE TOWN OF FREETOWN
FOR DEVELOPMENT IN THE
SOUTHCOAST LIFE SCIENCE AND TECHNOLOGY PARK

This Agreement dated as of this ___ day of _____, 2015 (the "Agreement") is entered into by and between the City of Fall River, a Massachusetts municipal corporation having a usual place of business at One Government Center, Fall River, Massachusetts 02722, acting by and through its Mayor and City Council ("Fall River"), and the Town of Freetown, having a usual place of business at 3 North Main Street, P.O. Box 438, Freetown, Massachusetts 02700, acting by and through its Board of Selectmen ("Freetown,") (Fall River and Freetown, individually, a "Party" and together, the "Parties").

WHEREAS, M.G.L. c. 40, s. 4A, as amended, authorizes a city or town to enter into agreements with one or more municipalities to jointly perform services, activities or undertakings which any one of them is authorized to perform; and

WHEREAS, Fall River and Freetown have obtained authority to enter into this Agreement pursuant to M.G.L. c. 40, s. 4A, Freetown having obtained authority by a vote of its Board of Selectmen, and Fall River having obtained authority with the approval of the Mayor and City Council; and

WHEREAS, Fall River and Freetown wish to improve the economic welfare and prosperity of their citizens by working cooperatively to encourage the development and location of new businesses in the SouthCoast Life Science and Technology Park (the "Park") with the objectives of job creation, job retention, stimulation of private investment and the expansion of the tax base in each municipality; and

WHEREAS, the Park includes over 300 acres located in both Fall River and Freetown and is served by a new highway interchange with direct visibility on Massachusetts Route 24. The Park has shovel-ready sites that can be developed for biotech, research and development, manufacturing, general technology and traditional industrial and office uses. The Fall River Redevelopment Authority ("FRRA") currently owns the Park property located in Freetown and Fall River.

NOW, THEREFORE, the Parties, in mutual consideration of the covenants contained herein, intending to be legally bound thereby, agree under seal as follows:

1. Term. The term of this Agreement shall be five (5) years commencing upon the execution of the Agreement by the Parties. It shall renew automatically for up to a total term of twenty-five (25) years unless earlier terminated as set forth herein.
2. Lead Municipality. During the term of this Agreement, Fall River will act as the lead municipality. FRRA, acting as Agent and on behalf of the City of Fall River, will administer this Agreement and will work cooperatively with Freetown to achieve the objectives of the Agreement.
3. Park Development Covenants and Restrictions. In order to ensure proper development and job creation opportunities in the Park, the Declaration of Covenants for the SouthCoast Life Science and Technology Park at Fall River (see Exhibit "A") adopted by the FRRA will govern development and construction in the Park. The covenants, conditions and restrictions contained in the Declaration of Covenants are designed to ensure the proper use and development of Park property for the long-term benefit of the occupants of the Park and for the citizens of Fall River and Freetown. The covenants contain conditions with respect to permitted uses, set back and yard requirements, building height, lot coverage, parking, signs, outdoor storage, loading facilities, landscaping, objectionable uses, soil removal, subdivision, plan approval, building exterior, right of the FRRA to repurchase, enforcement, term, approvals and recording, utilities, assignment and other matters for both Life Science and Non-Life Science development.
4. Jurisdiction Standards for Buildings located on/Over the Corporate Boundaries of Fall River and Freetown. Freetown and Fall River shall maintain their statutory jurisdictions and authorities with respect to buildings and properties, and portions thereof, in each community. In the interest of promoting development of the Park, the Parties shall cooperate in the exercise of such jurisdiction as follows:
 - a. Building Inspector Jurisdiction For Buildings Constructed On/Over Corporate Boundaries of Fall River and Freetown. For buildings that may be constructed over the corporate boundary line separating the City of Fall River and the Town of Freetown, the Fall River Building Inspector, working in consultation with, the Freetown Building Inspector and acting as Assistant Freetown Building Inspector, shall review site development and construction plans in accordance with applicable ordinances and bylaws, and current, and amended, Massachusetts State Building Codes, Massachusetts State Plumbing Code and Massachusetts State Mechanical Code in conjunction with the FRRA for development projects in the Park. The Fall River Building Inspector acting as Assistant Freetown Building Inspector shall, in coordination with the Freetown Building Inspector, issue all approvals. All building permit and license fees shall be calculated based upon the applicable rates for development within the Park and collected by the Fall River

Building Inspector, who shall promptly remit such fees to Freetown on a pro-rata basis based in accordance with the percentage of build-out in Freetown.

- b. Taxing Provisions for Buildings Constructed On/Over Corporate Boundaries of Fall River and Freetown. Each municipality shall undertake the assessment and taxation within its own jurisdiction of property and buildings within the Park in accordance with all statutory requirements. However, with respect to buildings that may be constructed within the Town of Freetown, the Freetown Tax Assessor, shall work cooperatively with the Fall River Tax Assessor to undertake the assessment of property value inclusive of land, buildings and personal property, utilizing the tax rate in effect in the Town of Freetown. Tax revenues generated from such assessment will be paid in accordance with each municipality's industrial/commercial tax rate by developer.
5. Building Inspector. With the exception of the language set forth in Item Number 4 of this Agreement, the Fall River Building Inspector will review and approve construction plans for projects located with the Fall River side of the Park. The Freetown Building Inspector will review and approve construction plans for projects located within the Freetown side of the Park in accordance with the FRRA.
6. Police, Fire and Snow Removal. Fall River shall provide snow removal services on that portion of the development in Freetown at no charge to Freetown. Freetown and Fall River shall enter into appropriate mutual aid agreements. Fall River will provide Police and Fire Protection Services to the Freetown portion of the Project Area pursuant to procedures developed cooperatively by the Police and Fire Chiefs of Freetown and Fall River.
7. Electric and Gas Utilities. Currently, Fall River is served by National Grid for electric service, and Freetown is served by NStar Electric. If a new development project spans the municipal boundaries of Fall River and Freetown, National Grid will provide electric service to the new development. Liberty Gas Company, or any successor thereto, will serve the new development whether located in the Fall River and NSTAR will service Freetown portions of the Park absent an agreement between Liberty Gas and NSTAR.
8. Sewer and Water Service. Extension of Water and Sewer Service into the Freetown portion of the Park will be paid for by the developer. Developers in the Freetown portion of the Park will be billed directly by Fall River at the Fall River rates for water and sewer services.
9. Environmental Review. The Fall River Conservation Commission, in consultation with the Freetown Conservation Commission will review wetland and other environmental

issues that cross the Boundary Line between the two communities, provided, however, that the Freetown Conservation Commission shall maintain its statutory jurisdiction and authority.

10. Local and State Tax Incentives. Fall River and Freetown may wish to enter into Tax Increment Financing (“TIF”) or Special Tax Assessment (“STA”) Agreements with developers and business owners in the Park as well as other agreements for state tax incentives that may be available and administered by the Massachusetts Office of Business Development. For purposes of negotiating with development projects and obtaining approval of TIF and STA tax incentive programs, the Fall River Office of Economic Development (“FROED”) will act as agent for Fall River and Freetown. The FROED will appear before the Economic Assistance Coordinating Council (“EACC”) and other bodies as necessary for approval of the agreements. While FROED will act as agent for the municipalities, each municipality must approve the tax incentive agreements applicable within its municipal boundaries.
11. Indemnification. Each Party to this Agreement shall be liable for the acts and omissions of its own employees and agents and not for the employees of any other party in the performance of their obligations under this Agreement to the extent provided by the Massachusetts Tort Claims Act, M.G.L. c. 258, except to the extent that such employees are acting upon the direction of another party, in which case the directing party shall be liable for the acts and omissions of those employees. By entering into this Agreement, parties have not waived any governmental immunity or limitation of damages, which may be extended to them by operation of law. The Parties shall hold each other harmless from any and all claims related to employment or employee benefits, collectively bargained or otherwise, made by persons under their employ. Each Party shall indemnify and hold harmless the other Party to this Agreement from and against any claim arising from or in connection with the performance of this Agreement, to the extent the indemnifier would otherwise be liable under a direct claim pursuant to M.G.L. c.258 including, without limitation, any claim of liability, loss, damages, costs and expenses for personal injury or damage to real or personal property by reason of any negligent act or omission or intentional misconduct.
12. Termination. Either Party may withdraw from and terminate its participation in this Agreement upon the provision of at least one (1) year’s prior written notice to the other Party. No such termination shall affect any obligation of indemnification or contractual obligation that may have arisen hereunder prior to such termination. The Parties shall equitably adjust any payments made or due relating to the unexpired portion of the Term following such termination. Upon such termination, the non-terminating Party shall prepare statements of outstanding unpaid financial obligations under this Agreement, if any, and present the same to the terminating Party for payment within sixty (60) days thereafter.

13. Financial Safeguards. The Parties will undertake to maintain accurate and comprehensive records of services performed, costs incurred, any and all contributions or reimbursements received, to provide periodic financial statements, and to perform regular audits of such records.
14. Assignment. Neither Party shall assign or transfer any of its rights or interests in or to this Agreement, or delegate any of its obligations hereunder, without the prior written consent of the other Party.
15. Severability. If any provision of this Agreement is held by a court of appropriate jurisdiction to be invalid, illegal or unenforceable, or if any such term is so held when applied to any particular circumstance, such invalidity, illegality or unenforceability shall not affect any other provision of this Agreement, or affect the application of such provision to any other circumstances, and the remaining provisions hereof shall not be affected and shall remain in full force and effect.
16. Waiver. The obligations and conditions set forth in this Agreement may be waived only in writing signed by both Parties waiving such obligation or condition. Forbearance by a Party shall not be construed as a waiver, nor limit the remedies that would otherwise be available to that Party under this Agreement or applicable law. No waiver of any breach or default shall constitute or be deemed evidence of a waiver of any subsequent breach or default.
17. Governing Law. This Agreement shall be governed by, construed and enforced in accordance with the laws of the Commonwealth of Massachusetts.
18. Headings. The paragraph headings herein are for convenience only, are no part of this Agreement and shall not affect the interpretation of this Agreement.
19. Notices. Any notice permitted or required hereunder to be given or served on either Party shall be in writing signed in the name of, or on behalf of, the Party giving or serving the same. Notice shall be deemed to have been received at the time of actual receipt of any hand delivery or three (3) business days after the date of any properly addressed notice sent by mail as set forth below:

City of Fall River

Kenneth Fiola, Jr., EcD
Executive Vice President
Fall River Office of Economic Development
City of Fall River

One Government Center
Fall River, Massachusetts 02722

With copies to:

Hon. C. Samuel Sutter, Mayor
City of Fall River
One Government Center
Fall River, Massachusetts 02722

and

Gary Howayeck
Corporation Counsel
City of Fall River
One Government Center
Fall River, Massachusetts 02722

Town of Freetown

Board of Selectmen
Town of Freetown
3 North Main Street
P.O. Box 438
Freetown, Massachusetts 02700

20. Complete Agreement. This Agreement constitutes the complete agreement between the Parties concerning the subject matter hereof, superseding all prior agreements and understandings. Additional agreements or understandings between the Parties concerning the subject matter hereof may be made from time to time, but shall be in writing.

WITNESS OUR HANDS AND SEALS as of the first date written above.

CITY OF FALL RIVER
By its Mayor

TOWN OF FREETOWN
By its Board of Selectmen

CITY OF FALL RIVER
By its Corporation Counsel

Approved As to Form and Manner

Exhibit A

FALL RIVER REDEVELOPMENT AUTHORITY

DECLARATION OF SOUTHCOAST LIFE SCIENCE AND TECHNOLOGY PARK AT FALL RIVER

As a means of insuring proper development and job creation opportunities, the Fall River Redevelopment Authority (FRRA) would sell the property for Life Science and medical device, commercial, industrial and manufacturing purposes, subject to the covenants, conditions and restrictions hereinafter stated which shall run with the land and shall be binding upon the FRRA and its successors in title, the grantees of the FRRA and their lessees and their successors.

GENERAL PURPOSES OF COVENANTS, CONDITIONS AND RESTRICTIONS

The property is subject to the covenants, conditions, restrictions and reservations hereinafter set forth to insure proper use and appropriate development and improvements of the property so as to:

1. Establish an environment which will meet both the present and projected needs of the occupants of the premises and the inhabitants of the surrounding community.
2. Insure proper use and development of the property and of the building sites.

3. Promote land development and usage that will not create excessive noise, glare, smoke, fumes or unsightly accumulations of equipment, goods or materials.
4. Insure the proper use of the land for the long-term benefit of the owners and tenants of the premises and the surrounding community.
5. Promote harmonious development of the various sites located within and adjacent to the premises.

PERMITTED USES

The site shall be used only for Life Science and medical device manufacturing, processing materials and/or information, fabrication and laboratory, professional and research and development and ancillary, storage, wholesale, office activities. Retail sale shall not be permitted, except that retail sales of products manufactured on the premises may be allowed by express written consent of the Declarant, but in any event shall be limited to five (5%) percent of gross floor space of 1,000 square feet, whatever is less. No parcel shall be for residential purposes.

The site shall only be used for higher educational use; biotechnology and pharmaceutical product manufacturing; medical device research development and manufacturing; biotechnological laboratory research, testing and development; office use affiliated with such activities.

SETBACK AND YARD REQUIREMENTS

- A. Front yard - all building lots shall have a minimum frontage of 50 feet. Buildings shall have a minimum setback of 50 feet from the street/property line the building faces.

- B. Rear and side yards - all structures must be set back a minimum of 40 feet from the side and rear lot lines. Offices, parking areas and outdoor storage or work areas shall be at least twenty-five (25) feet from any street line and twenty (20) feet from any side or rear lot line. The set back areas shall be left in a natural unimpaired state or landscaped.

BUILDING HEIGHT

- A. No building or structure shall be constructed, altered, reconstructed, raised up or moved so as to contain more than 5 and one-half (5 ½) stories or so as to exceed in any part a height of ninety (90) feet, except in the case of chimney's, ventilators, tanks, bulkheads and other accessory features required above roofs and also in the case of towers, spheres, domes and ornamental features.

LOT COVERAGE

The maximum permitted area to be covered by improvements shall not exceed seventy (70%) percent of the total lot area. Improvements are considered to be buildings, parking areas, driveways, access roads and outside storage or assembly areas. Minimum lot coverage by structures shall be twenty (20%) percent of total lot area upon completion of development of the property, unless otherwise approved by the FRRA in writing.

Structural and non-structural Best Management Practices for storm water management must be implemented targeting 90% total suspended solids removal.

PARKING

All roads, drives, parking areas and outdoor storage areas shall be paved with asphalt or concrete with adequate drainage and curbing. All employee and truck parking will be restricted to the side and rear of the building. There shall be no parking of motor vehicles of any type on any street abutting the property.

Unless otherwise approved in writing by the FRRA, adequate off-street parking for visitors and employees shall be provided by each owner and there shall not be less than one space for every two employees. Visitor parking shall be specifically designated and shall be in addition to that provided for employees.

Preferential parking shall be provided for carpool, vanpool, and Zipcar use.

Covered bike racks shall be provided at each building.

No part of any parking area shall be located closer than ten (10) feet to any principal building with the space between the parking areas and the buildings developed with landscaping and walks. The land surrounding parking areas shall be suitably landscaped with at least a ten (10) foot green strip of grass or other suitable landscaping as provided by the Declarant.

Snow removal from sidewalks shall be provided by each owner.

SIGNS

The only signs permitted other than traffic/directional signs shall be those identifying organizations, services or activities on the actual premises where the sign is located. The signs shall be clear and legible, simple and functional in style and appearance and shall not have an area greater than ten (10%) percent of the wall to which they are attached.

Outdoor advertising signs, billboards, roof-type signs, or signs illuminated by flashing or blinking lights shall not be permitted.

Plans and specifications for the construction, installation or alteration of all signs shall be first submitted to and have the written approval of the FRRRA.

OUTDOOR STORAGE

Unless specifically approved by the FRRRA in writing, no materials, manufactured items, supplies or equipment (including, but not limited, to trash and garbage receptacles) shall be stored in any area on a lot, except inside a closed building or behind a visual barrier screening such areas from the view of adjoining property and/or street. Plans for such screening must be approved by the FRRRA. No storage or parking of goods, vehicles, and/or equipment shall be permitted on the street.

LOADING FACILITIES

All approved off-street loading facilities shall be paved with asphalt or concrete with adequate drainage and curbing. Loading areas shall be located to the rear of the building wherever possible. Loading areas located in the side yards shall be screened by substantial means to minimize exposure from the street with plans for such screening to be approved in writing by the Declarant. No loading areas shall be permitted to face the street, without prior approval in writing by the FRRRA.

LANDSCAPING

All developed land areas not covered by buildings, parking areas, driveways and other site improvements shall be appropriately landscaped according to plans approved by the FRRRA.

The owner or lessee of any lot shall, at all times, keep the property, including undeveloped areas, in good order and condition and properly maintained.

The owner's plans for driveways and other access to the lot shall contain adequate provision for maintenance of existing drainage swales or drain pipes in the abutting ways and shall be submitted to the FRRRA for approval prior to construction.

Exterior lighting shall be hooded to mitigate ambient light impacts.

Sprinkler systems shall be installed, utilized, and maintained by each owner unless otherwise notified by FRRRA or the City of Fall River.

The owner shall limit the migration of invasive species beyond property boundaries and/or into the buffer area. The owner shall also limit the use of pesticides and herbicides and shall control nitrogen sources.

Buffer area signage and monuments shall be maintained by each applicable owner.

OBJECTIONABLE USES

Any use which is determined by the FRRRA to be objectionable by reason of excessive noise, dust, smoke, fumes, odors, vibrations, glare, vermin, liquid or solid wastes is prohibited; except that activities required in the public interest or for public services, will not be restricted by this limitation. Uses which will result in unsafe or hazardous conditions such as toxic or noxious matters, fire and explosion hazard, or radiation hazard, shall also be prohibited.

Portable buildings, office trailers, and similar temporary structures shall not be permitted except upon approval of the Declarant and upon such conditions as the Declarant deems appropriate. This requirement shall not apply to trailers and structures erected and used by contractors performing construction of improvements on the property, provided that such structures are removed at the completion of the work.

SOIL REMOVAL

No soil, sand or gravel shall be removed from the said lands except for the purpose of building excavations and grading. Any soil, sand, or gravel, removed for any purpose shall be disposed of at the direction of the FRRRA and without cost to FRRRA.

SUBDIVISION

The property shall not be hereafter subdivided without the prior written consent of the FRRRA.

PLAN APPROVAL

All development must be LEED Certified. No building, structure or any condition thereto or any exterior alteration thereof, shall be erected or placed and no parking area or driveway shall be constructed until the plans and specifications have first been approved in writing by the FRRRA or its appointee. The plans and specifications shall be prepared by a registered architect or engineer and shall include the following:

- a. Site Plans showing existing and proposed contours, site drainage, site utilities, building locations, driveways, parking and loading areas, walks, lighting, landscaping, etc.
- b. Building plans, elevations and sections, including plans for all floor levels; general layout of interior spaces; elevations of all exterior facades (indicating heights, materials, finishes and signs) typical building and wall sections showing nature of construction.
- c. Outline specifications noting materials of construction including paving and landscaping; size and species of plant materials as well as building materials.

Upon receipt of adequate and sufficient plans and specifications, the FRRRA shall, within thirty (30) days after such receipt, notify the grantee in writing of its approval or disapproval of such plans. Such approval, however, will be conditional upon certification by grantee that the same plans and specifications as submitted to FRRRA for approval have also been submitted to the Building Inspector in the application for a building permit.

BUILDING EXTERIOR

Exterior materials used in building wall construction shall be brick, precast concrete, factory assembled and painted metal panels or other equally aesthetically acceptable material approved by the FRRRA. The facade of the front of the building is particularly important and shall be shown in detail in plans submitted to FRRRA for approval. Exterior building lighting shall be hooded to mitigate ambient light impacts.

RIGHT OF REPURCHASE

The FRRRA hereby retains the right to refund the Purchase Price to and regain title from Grantee or any subsequent owner if construction of buildings and improvements as approved by the FRRRA does not commence within one (1) year and is not substantially completed within two (2) years of the date of transfer of title from the FRRRA.

ENFORCEMENT

The FRRRA shall have the right to bring proceedings in law or equity against the party or parties violating or attempting to violate the conditions, covenants, restrictions and reservations contained herein, to enjoin them from so doing and to cause any such violation to be remedied, after written notice to the owner and mortgagees of record. Every act, omission to act, or condition which violates the terms of this Declaration shall constitute a nuisance and every remedy available in law or equity for the abatement of public or private nuisance shall be available to the Declarant.

TERM

The conditions, covenants, restrictions and reservations contained in this FRRRA shall continue in full force and effect for a period of thirty (30) years from the date hereof.

AMENDMENTS

The FRRRA hereby expressly reserves the right and privilege to alter, change, amend or revoke any or all of the conditions, covenants, restrictions and reservations contained herein, by written document signed by the Declarant and the record owner of the property specifying the action and recorded in the appropriate registry.

INVALIDATION

Invalidity of any of these conditions, covenants, restrictions and reservation or any part thereof by reason of noncompliance with any zoning ordinance of the City of Fall River, or by reason of judgements or court order or for any other reason, shall in no way affect any other provisions which shall remain in full force and effect.

ASSIGNMENT

Any and all rights, powers and reservations of the FRRRA herein contained may be assigned to any person, corporation or association which will assume the duties of the FRRRA pertaining to the particular rights, powers and reservations assigned and upon any such person, Corporation or Association evidencing its consent in writing to accept such assignment and assume such duties.

APPROVALS AND RECORDING

In the event that any approvals as specified in these covenants are required of the FRRRA, such approval shall be requested in writing and unless otherwise specified herein, such approval shall not be

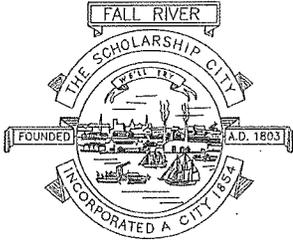
unreasonably withheld and shall be returned to the party of interest requesting such approval within thirty (30) days in a form sufficient for recording in the Registry of Deeds or Land Court as the case may be.

UTILITIES

The Declarant reserves the sole right upon the application in writing by any public utility, providing water, sewer, electric, telephone, natural gas, communication, transportation or other similar service to the property, to waive any and all conditions, covenants, restrictions and reservations contained herein, to allow said utility to construct any necessary facility to provide service in whole or in part to the property or any other property of the Declarant or other person.

MISCELLANEOUS

Each owner shall designate a full-time on-site employee as a Transportation Coordinator who will implement and maintain an annual traffic counting program. Each owner shall make all efforts to establish on-site ride sharing services, a guaranteed ride home program, payroll incentives for ridesharing and public transportation, and provide for flexible scheduling and telecommuting. Each owner shall also make efforts to provide shower and locker facilities as well as other on-site amenities such as food service, child-care, ATM, etc.



City of Fall River
Massachusetts
Office of the Mayor

7
RECEIVED

2015 MAY -7 P 4: 52

CITY CLERK _____
FALL RIVER, MA

C. SAMUEL SUTTER
Mayor

May 7, 2015

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

RE: MGL Chapter 40 Section 8G

Mr. President and Members of the Honorable Council:

In order to facilitate the Intermunicipal Agreement between the City of Fall River and the Town of Freetown for the Amazon Project, I am respectfully requesting the City Council's vote to adopt the provisions of Massachusetts General Laws Chapter 40 Section 8G which provides for mutual aid services between communities.

Thank you for your approval in this regard.

C. Samuel Sutter, Mayor

City of Fall River, *In City Council*

ORDERED, that the provisions of Massachusetts General Laws Chapter 40, Section 8G as established under the provisions of Chapter 220 of the Acts of 1972, An Act Authorizing Cities and Towns To Enter Into Agreements To Provide Mutual Police Aid Programs, is hereby accepted.

8



**City of Fall River
Massachusetts
Office of the Mayor**

RECEIVED

2015 MAY -7 P 4: 51

C. SAMUEL SUTTER
Mayor

CITY CLERK _____
FALL RIVER, MA

May 7, 2015

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

RE: Boat Ramp Fees

Dear Honorable Council Members:

The enclosed correspondence from the Department of Fish and Game supports this request that the City Council review and approve fees related to the State boat ramps as managed by the Fall River Harbor Master. The Department has approved these fees and they are consistent with rates charged at comparable State facilities.

To facilitate implementation of these fees, I am requesting the following Ordinance amendment:

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

Boat ramp fee:

	Daily	Seasonal
Non-commercial:	\$ 5.00	\$ 60.00
Commercial:	\$30.00	\$250.00

Your favorable action is respectfully requested.

Best,

C. Samuel Sutter
Mayor

Fall River Harbormaster Office

Fall River Police Department, P.O. Box 509, Fall River, MA 02722 -0509

South Watuppa Pond

Taunton River Basin

May 1, 2015

Douglas H. Cameron
Assistant Director/Deputy Chief Engineer
Department of Fish and Game
Fishing and Boating Access
1 Rabbit Hill Road
Westborough, MA 01581

Hello Doug:

I am writing to request authorization for the collection of fees at the Fall River boat ramps that are managed by the City of Fall River.

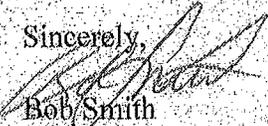
Proposed Fees:

	<u>Daily</u>	<u>Seasonal</u>
Non-commercial:	\$5.00	\$60.00
Commercial:	\$30.00	\$250.00

We will use both a lockbox method and a staffed attendant system for both locations depending on the peak days of the week.

Please let me know if you need any additional information.

Sincerely,

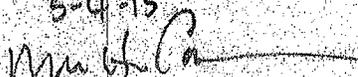

Bob Smith

Asst. Harbormaster / City of Fall River
774-955-0123

DEPARTMENT OF FISH AND GAME
FISHING & BOATING ACCESS
1 RABBIT HILL ROAD
WESTBOROUGH, MASSACHUSETTS 01581

Approved

5-4-15



FY 15 Appropriation/Transfer Number Analysis #7

Line	Original/Revised Appropriation	Amount Transferred	New Appropriation
Insurance Recovery Fund	\$ 25,932	\$ (25,932)	\$ -
Water Enterprise Fund - Capital Expenditure	\$ 100,000	\$ 25,932	\$ 125,932
Inactive Capital Project -			
Extraordinary Repairs	\$ 36,012	\$ (15,000)	\$ 21,012
Waterfront Capital Improvements	\$ -	\$ 15,000	\$ 15,000

I certify that there are sufficient funds available for these transfers.



Krishan Gupta, City Auditor

5/7/2015

RECEIVED

2015 MAY -7 P 4: 19

CITY CLERK
FALL RIVER, MA

CITY OF FALL RIVER

To the City Council

Councillors:

The Committee on Ordinances and Legislation, at a meeting held on April 28, 2015 voted unanimously to recommend that the accompanying proposed ordinance be passed through first reading, as amended.


Assistant 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:

Section 1.

That Appendix A-Fee Schedule for the Revised Ordinances of the City of Fall River, Massachusetts, 1999, Chapter 62, be amended as follows:

By striking out in its entirety Section 62-47 and inserting in place thereof the following:

§ 62-47 Disposal of bulky items (per scheduled pick-up with a maximum of three items per \$12.00 payment)	\$12.00
Mattresses	\$20.00

Section 2.

That Appendix A-Fee Schedule for the Revised Ordinances of the City of Fall River, Massachusetts, 1999, Chapter 62, be amended as follows:

By inserting the following in Other fees:

Construction and demolition debris	\$100.00 per ton
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CITY OF FALL RIVER

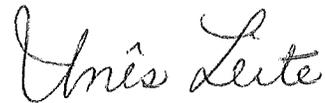
12

To the City Council

Councillors:

The Committee on

Ordinances and Legislation, at a meeting held on April 28, 2015 voted 3 yeas,
2 nays, to recommend that the accompanying proposed ordinance be passed through
first reading, as amended, with Councilors Correia and Rego voting in the negative.



Assistant 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 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 62-1, which section relates to Definitions, "Authorized Private Receptacle" and its definition.

Section 2.

By inserting in Section 62-1, which section relates to Definitions, in proper alphabetical order, the following:

Director means the Director of Community Maintenance of the City.

Official City Bag means a trash bag authorized to be used by the City for the disposing of solid waste into a green cart.

Section 3.

By inserting in Section 62-2, which section relates to Collection and disposal generally, a new sub-section to read as follows:

(c) The city shall collect solid waste and recyclables from single family dwellings and multiple family residential buildings containing up to six dwelling units. Solid waste shall be collected only if placed in an official city bag and placed in a green cart. Recyclables shall not be placed in green carts and solid waste shall not be placed in blue or pink carts.

Section 4.

By inserting a new section to read as follows:

Section 62-9. Supervision.

The director shall have the supervision and control of the collection of solid waste and recycling. The director may promulgate procedures for the enforcement and administration of solid waste and recycling collection.

Section 5.

By striking out Section 62-48, which section relates to Enforcement, in its entirety and inserting in place thereof the following:

The director and his authorized agents, including, but not limited to litter enforcement officers, shall have the authority to enforce the provisions of ordinances as detailed in chapter 26, environment, chapter 62, solid waste, and sections 2-1021 through 2-1025, of chapter 2, administration, as said sections relate to chapters 26 and 62. Enforcement shall only be against the generator of the trash.

Section 6.

That 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 as follows:

By inserting a new section to read as follows:

§62-1 Official City Bag	
(1) 30 gallon	\$ 2.00
(2) 15 gallon	\$ 1.25
(3) 8 gallon	\$.75

CITY OF FALL RIVER

To the City Council

Councillors:

The Committee on Ordinances and Legislation, at a meeting held on April 28, 2015 voted unanimously to recommend that the accompanying proposed ordinance be passed through first reading, as amended.



Assistant 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:

Section 1.

That Chapter 66 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to Streets, Sidewalks and Other Public Places, be amended by inserting in Section 66-258 (a) after "city council." the following:

Permits issued under the provisions of this article shall continue in effect until January 1 after the date thereof.

Section 2.

That Appendix A-Fee Schedule for the Revised Ordinances of the City of Fall River, Massachusetts, 1999, Chapter 66, be amended as follows:

By striking out in Section 66-258 "\$30.00" and inserting "\$15.00" in place thereof.

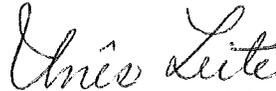
CITY OF FALL RIVER

To the City Council

Councillors:

The Committee on

Ordinances and Legislation, at a meeting held on April 28, 2015
voted 5 yeas 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.


Assistant 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:

- Albion Street, west side, starting at a point 415 feet south of Bedford Street, for a distance of 20 feet southerly.
- Barclay Street, east side, starting at a point 74 feet north of Dwelly Street, for a distance of 20 feet northerly.
- Beverly Street, west side, starting at a point 60 feet north of Walnut Street, for a distance of 20 feet northerly.
- Bowen Street, west side, starting at a point 192 feet north of Morse Place, for a distance of 20 feet northerly.
- Brayton Street, north side, starting at a point 52 feet west of Smith Street, for a distance of 20 feet westerly.
- Charles Street, south side, starting at a point 190 feet west of Bowen Street, for a distance of 20 feet westerly.
- Franklin Street, north side, starting at a point 38 feet west of N. Seventh Street, for a distance of 20 feet westerly.
- Franklin Street, south side, starting at a point 175 feet west of Oak Street, for a distance of 20 feet westerly.
- Fulton Street, east side, starting at a point 125 feet south of Suffolk Street, for a distance of 20 feet southerly.
- Garside Street, east side, starting at a point 91 feet north of Brightman Street, for a distance of 20 feet northerly.
- John Street, west side, starting at a point 202 feet south of Morgan Street, for a distance of 20 feet southerly.
- Robeson Street, west side, starting at a point 224 feet north of Pine Street, for a distance of 20 feet northerly.
- Third Street, west side, starting at a point 42 feet north of Lyon Street, for a distance of 20 feet northerly.
- Tuttle Street, west side, starting at a point 40 feet north of Dwelly Street, for a distance of 20 feet northerly.
- Walnut Street, north side, starting at a point 145 feet east of High Street, for a distance of 20 feet easterly.
- Winter Street, east side, starting at a point 25 feet north of Franklin Street, for a distance of 20 feet northerly.

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:

Barclay Street, west side, starting at a point 24 feet north of Dwelly Street for a distance of 25 feet northerly

Osborn Street, north side, starting at a point 117 feet east of Ridge Street for a distance of 20 feet easterly

Osborn Street, north side, starting at a point 135 feet east of Whipple Street for a distance of 20 feet easterly

CITY OF FALL RIVER
IN CITY COUNCIL
APR 21 2015

Passed through first reading

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:

- Eighteenth Street, east side, starting at a point 110 feet south of Merchant Street for a distance of 20 feet south
- Alden Street, south side, starting at a point 20 feet east of Ross Street for a distance of 25 feet easterly
- Bradford Avenue, north side, starting at a point 113 feet east of Broadway for a distance of 20 feet easterly
- Broad Street, south side, starting at a point 82 feet west of Townsend Street for a distance of 20 feet westerly
- Foster Street, west side, starting at a point 104 feet north of Warren Street for a distance of 20 feet north
- Queen Street, west side, starting at a point 88 feet north of Globe Street for a distance of 20 feet northerly

CITY OF FALL RIVER
IN CITY COUNCIL

APR - 7 2015

*Passed Through
first reading*

City of Fall River, *In City Council*

18

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

That Chapter 10 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to Buildings and Building Regulations, be amended by inserting a new section to read as follows:

Section 10-1 Site plan review.

(a) Intent. The intent of the site plan review process is to provide a framework for the coordinated review of design elements contained in an applicant's construction or development project that may have impacts on the environment, the local economy and/or the character of surrounding neighborhoods. The site plan review process improves communication with the applicant, enhances project design and compliance with applicable laws and regulations and reduces potentially negative impacts on the City of Fall River and its residents.

(b) Implementation. A review committee shall be formed to implement this section. The review committee shall consist of five (5) members: the Inspector of Buildings, the City Planner, the Administrator of Public Utilities, the City Engineer and the Director of Administrative Services – Water, each of whom may name a respective delegate. The review committee shall review applicable projects in accordance with this section.

(c) Applicability. Minor project: Any project that is not included within the definition of a major project and requires a building permit.

Major project: Any project that includes one or more of the following criteria and requires a building permit:

(1) Residential developments (subdivisions) that are subject to approval under the Subdivision Control Law (M.G.L. Chapter 41, Section 81K – 81GG).

(2) Development, redevelopment or expansion of any primary or accessory structure that is utilized for commercial and/or industrial purposes that is located on a lot with an area of 10,000 square feet or more.

(3) Development (residential, commercial, industrial) that will result in the creation of thirty (30) or more off-street parking spaces.

(d) Exemptions. The following activities shall be exempt from the provisions of this section:

(1) Normal maintenance of stormwater management systems.

(2) Emergency projects necessary for the protection of public health or safety, provided that the work is to be performed and/or has been ordered by any federal agency, agency of the Commonwealth of Massachusetts or by the Mayor of the City of Fall River.

(e) Administration. Minor projects: The applicant for a minor project shall include a drainage plan and a locus/plot plan with their building permit application.

The locus/plot plan shall contain the following elements: parcel number, location and dimensions of lot boundaries, identification of zoning district(s) and setback requirements, location and dimensions of adjacent streets, location and dimensions of existing driveways or other means of access to and from the site, location of all utilities (including on site location/size and connection

to existing utility within the public way identifying size/type) and location and dimensions of any deeds of easement, rights-of-way, covenants and any other agreements connected with the site.

The applicant shall submit an as-built plan containing the elements required on the locus/plot plan prior to the issuance of a certificate of occupancy.

Major projects: The applicant for a major project shall submit plans in accordance with subsection (f) for review by the review committee established herein. All plans submitted shall be signed and stamped by a Professional Engineer or Professional Land Surveyor licensed in the Commonwealth of Massachusetts. All plans shall contain a north arrow and a scale.

(f) Procedure for major project review. The applicant shall submit the following documents to the Inspector of Buildings:

- (1) One original and five copies of the major site plan review application.
- (2) One original and five copies of the drainage plan, locus/plot plan, site plan(s) and all supporting materials.

Within fourteen (14) calendar days of the applicant submitting all of the required documentation, the review committee members shall each review the major site plan review application and the accompanying plans and materials. Within five (5) business days of completing the review, each review committee member shall provide comments in writing to the applicant and a copy shall be filed with the Inspector of Buildings.

If the applicant does not agree to comply with one or more of the comments provided by the review committee member(s), the applicant shall request a subsequent meeting with the relevant review committee member(s) in question to resolve such concerns prior to the issuance of a building permit.

(g) Stormwater management standards. All applicants of minor and major projects must submit a written plan delineating compliance with applicable local, state and/or federal storm water requirements. The stormwater management plan must not cause or contribute to flooding in the immediate or downstream areas. Sites must maintain a minimum of 25% pervious surface or consistent with applicable zoning regulations. Erosion controls must be installed during construction or disturbance of the site.

All applicants must review existing sites as to past flooding issues, capacity and size of existing drains and/or combined sewers. Those areas with past flooding issues or potential future flooding issues must be addressed by the applicant by mitigation, which can include replacement and/or expansion of the downstream drains or combined sewers.

Stormwater management plans must be approved by the Administrator of Public Utilities and the City Engineer.

CITY OF FALL RIVER
IN CITY COUNCIL

APR - 7 2015

Passed through first reading

City of Fall River, In City Council

19

(Councilor Raymond A. Mitchell)

BE IT RESOLVED, that the Committee on Ordinances and Legislation discuss the drafting of an ordinance stipulating that when a Mayor leaves office the staff in the Mayor's Office, as well as the Corporation Counsel and the Assistant Corporation Counsel positions, shall be vacated within 30 days of the Mayor leaving office.

City of Fall River, *In City Council*

20

(Councilor Michael L. Miozza)

WHEREAS, residents and business owners can pay their real estate, motor vehicle excise, personal property tax, and water bills in person at the Collector's Office counter or online through Invoice Cloud, and

WHEREAS, a service fee of 2.95% of the amount owed is applied to all credit card payments and a flat fee of \$0.40 is applied to all electronic check/ACH payments, and

WHEREAS, users of this service have expressed that the credit card service fees are high because they vary depending on the outstanding amount, now therefore

BE IT RESOLVED, that representatives from the Administration, the Director of Financial Services/Treasurer and the City Collector be invited to a future meeting of the Committee on Finance to discuss the features of this service and the fees associated with it, and

BE IT FURTHER RESOLVED, that options be presented for a more affordable credit card service charge or that consideration be given to charging a flat fee regardless of the amount of the transaction.

#15-116A



30

April 13, 2015

City of Fall River
Attn: City Clerk
1 Government Center Room 627
Fall River MA 02722

RECEIVED
2015 APR 16 A 11:17
CITY CLERK
FALL RIVER, MA
15

RE: Insured: Christine G Paiva
File #: KAPN04/HTAWP4
Date of Loss: 3/20/2015
Time: 8:30 am
Location: 817 North Main St, Fall River MA
Type of Loss: Motor vehicle
Responsible Party: City of Fall River DPW – driver Hector Perez
Reimbursement Due: \$2285.89
Property Damage: \$2285.89
PIP Medical/Wage: N/A

Dear City Clerk:

Please accept this letter of presentment as required by M.G.L. c. 258 §4. Our investigation reveals that your driver Hector Perez is responsible for damages sustained by our insured.

Attached are our supports for this loss. If you require additional documentation to investigate this claim pursuant to your statutory obligation, please contact us. If you are inclined to discuss settlement of this claim or deny this claim within the six (6) month statutory period, please forward the appropriate communication to my attention.

Loss description: Your driver collided with our insured's parked vehicle.

We have settled the loss with our insured and would appreciate your immediate payment of the amount listed above. Please make your check payable to The Commerce Insurance Company in the amount of \$2285.89 and be sure to note our file number to ensure proper credit.

If you have any questions, please call me at 1-800-221-1605, ext. 15686, or email me at the address below.

Thank you.

Sincerely,
THE COMMERCE INSURANCE COMPANY

#15-136



RECEIVED

2015 APR 16 P 2: 06

City of Fall River
Notice of Claim

CITY CLERK

1. Claimant's name: FALL RIVER, MA Mary F Ledo
2. Claimant's complete address: 270 Henry St Fall River ma 02721
3. Telephone number: Home: (508) 5676179 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Snowplowed damaged fence.
5. Date and time of accident: January 19, 2015 amount of damages claimed: \$ _____
6. Exact location of the incident: (include as much detail as possible):
Martin Luther King day
Corner of Laurel st and Henry st
7. Circumstances of the incident: (attach additional pages if necessary):
during 1 of the blizzards, fence was damaged
because of the snowplow.
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.

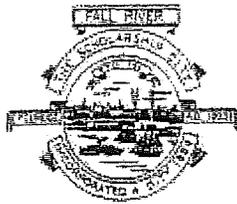
Date: April 16 2015 Claimant's signature: Mary F. Ledo

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 checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW
Date:	<u>4/16/15</u>



RECEIVED

City of Fall River
Notice of Claim

2015 APR 16 P 4: 50

1. Claimant's name: RAGNEL DE GOUVEIA CITY CLERK 15-137
FALL RIVER, MA
2. Claimant's complete address: 40 ARLAND COURT WOODSOCKET, RI 02895
3. Telephone number: Home: CELL (508) 717-1276 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
AUTO ACCIDENT - POT HOLE
5. Date and time of accident: 4/2/15 3:30 PM Amount of damages claimed: \$ 646.15
PLEASE SEE ATTACHED GEICO DOCS.
6. Exact location of the incident: (include as much detail as possible):
DAVOL STREET NEAR EXECUTIVE PLAZA
7. Circumstances of the incident: (attach additional pages if necessary):
I WAS SWITCHING LANES ON DAVOL STREET AND HIT EXTREMELY LARGE POT HOLE. I PULLED OVER TO VERIFY IT WAS INDEED A POT HOLE AND TOOK A PICTURE. CALLED POLICE WHO REFERRED ME TO YOUR WEBSITE TO FILE CLAIM. I FILED A CLAIM WITH MY INSURANCE GEICO. PLEASE SEE ATTACHED PIC.
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
GEICO INSURANCE PO BOX 9506 FREDERICKSBURG, VA 22403-9500

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.

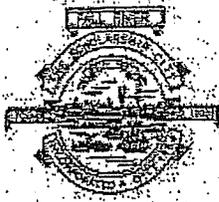
Date: 4/17/15 Claimant's signature: Ragnel de Gouveia

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 type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>4/16/15</u>



City of Fall River
Notice of Claim

RECEIVED

2015 APR 17 A 10:36

CITY CLERK 15-138
FALL RIVER, MA

1. Claimant's name: Antonio Botelho
2. Claimant's complete address: 806 Locust Street Fall River MA
3. Telephone number: Home: 508 642-6679 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Damage Due to Pot Hole
5. Date and time of accident: 3-16-15 @ 7:00am Amount of damages claimed: \$ 839,43
6. Exact location of the incident: (include as much detail as possible):
Eastern Avenue
7. Circumstances of the incident: (attach additional pages if necessary):
I was on Eastern Ave going to work in the morning I avoided 1 pot hole then proceeded and hit the next two pot holes damaging my car.
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: 4-15-15 Claimant's signature: Antonio Botelho

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 checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW Date: <u>4/12/15</u>



RECEIVED

2015 APR 17 P 12:04

City of Fall River
Notice of Claim

CITY CLERK 15-139
FALL RIVER, MA

1. Claimant's name: CYNTHIA WATERS
2. Claimant's complete address: 361 Woodman St. Fall River, MA
3. Telephone number: Home: 508-675-5887 Work: 508-997-7337 02724
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
POT HOLE DAMAGE TO CAR
5. Date and time of accident: 3/21/15 1pm Amount of damages claimed: \$ 41.00
6. Exact location of the incident: (include as much detail as possible):
WOODMAN ST and Bay St. going up WOODMAN
7. Circumstances of the incident: (attach additional pages if necessary):
Hit pot hole, front left tire
big bubble - needed to replace
Tire was about 6-8 months old.
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: 4-13-15

Claimant's signature: Cynthia Waters

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: **APR 17 2015**



RECEIVED

2015 APR 17 P 4:41

City of Fall River
Notice of Claim

CITY CLERK 15-140
FALL RIVER, MA

1. Claimant's name: Michael Duna
2. Claimant's complete address: 472 Westmore St. Fall River, MA 02720
3. Telephone number: Home: 508-675-5748 Work: 617-293-2770
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Pothole damage to my car
5. Date and time of accident: 4/13/2015 Amount of damages claimed: \$ 350.00
6. Exact location of the incident: (include as much detail as possible):
Duval St South Next to Bicentennial Park
7. Circumstances of the incident: (attach additional pages if necessary):
Large Pothole damaged my car tire and cracked the alloy rim so that a new tire could not be filled with air. The tire on my car was recently purchased and well. I have checked to see if this pothole was reported.
Driver's Front
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
The cost is under my deductible

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: 4/17/15

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 checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>DAW</u>	Date: <u>4/17/15</u>



City of Fall River
Notice of Claim

RECEIVED

2015 APR 21 P 1:13

1. Claimant's name: Jody F Soares CITY CLERK 15-141
2. Claimant's complete address: 1028 Elsbree St. Fall River MA 02720
3. Telephone number: Home: (508) 493-1640 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Damage to vehicle - 2013 Chevy Malibu -
5. Date and time of accident: 4-15-15 (4:50pm) Amount of damages claimed: \$ 750
6. Exact location of the incident: (include as much detail as possible):
484 Pleasant St. Fall River MA 02721 Reg # 89JL60
7. Circumstances of the incident: (attach additional pages if necessary):
I went to KFC to get supper. I went through the drive-thru and tried to enter onto Pleasant St. My front end sank into the hole on Pleasant St. I had to back up and go around the huge hole. My front end was scraped and cracked (lower front bumper).
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: 4-21-15

Claimant's signature: Jody F. Soares

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: 4/21/15



Council

RECEIVED

City of Fall River
Notice of Claim

2015 APR 21 P 1:38

CITY CLERK 15-142
FALL RIVER, MA

1. Claimant's name: Nelson Acaujo
2. Claimant's complete address: 28 BUSH ST. FALL RIVER MA 02724
3. Telephone number: CELL# 774-417-3616 Home: 774-417-3616 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
POT HOLE PROPERTY DAMAGE
5. Date and time of accident: 4/12/15 1:00 PM Amount of damages claimed: \$ 627.95
6. Exact location of the incident: (include as much detail as possible):
MARIANO S. BISHOP BLVD.
7. Circumstances of the incident: (attach additional pages if necessary):
LEAVING PARKING LOT OF STAPENSHAW DROVE ONTO MARIANO S BISHOP BLVD. DROVE ONTO HUGE POT HOLES DID ALOT DAMAGE TO MY VEHICLE. SUCH AS CRACKED ENGINE MOTOR MOUNT. STEERING COLUMN SHAFT OUTER TIE ROD.
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: 4-21-15

Claimant's signature: Nelson Acaujo

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: APR 21 2015



City of Fall River
Notice of Claim

RECEIVED
2015 APR 21 A 11: 12
CITY CLERK 15-143
FALL RIVER, MA

- 1. Claimant's name: JANICE M. CARROLL
- 2. Claimant's complete address: 145 Judson Street, Tiverton, RI 02878
- 3. Telephone number: Home: 401 624-6562 Work: 508 999-0201
cell: 401 529-4100
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Pot hole - Damage to two tires
- 5. Date and time of accident: Friday 4/13/15 Amount of damages claimed: \$
10:00 pm
- 6. Exact location of the incident: (include as much detail as possible):
Exiting 79 South onto Dool Street - just before taking left under 79 overpass
onto President Avenue
- 7. Circumstances of the incident: (attach additional pages if necessary):

See Attached

- 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: 4/14/15 Claimant's signature: JANICE M. CARROLL

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 checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	Date: <u>APR 21 2015</u>



RECEIVED

2015 APR 21 A 11: 14

City of Fall River
Notice of Claim

CITY CLERK 15-144
FALL RIVER, MA

- 1. Claimant's name: LUCIO SERPA
2. Claimant's complete address: 491 HYACINTH ST. FALL RIVER MA. 02720
3. Telephone number: Home: 508-678-1667 Work: 774-930-2466 CELL
4. Nature of claim: POT HOLE
5. Date and time of accident: 4/5/15 9:30 AM Amount of damages claimed: \$ 387.00
6. Exact location of the incident: NO. DAVOL ST
7. Circumstances of the incident: Easter Sunday morning, I was coming from Somerset as I merged into No. Davol St., while watching the incoming traffic I didn't see the pothole when I hit it a cut to the side of the front tire occurred I had to buy two new tires
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: 4/16/15 Claimant's signature: Lucio Serpa

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 [] City Council [] City Administrator [X] DPW
Date: APR 21 2015



RECEIVED

City of Fall River
Notice of Claim

2015 APR 21 P 2:13

CITY CLERK 15-145
FALL RIVER, MA 02724

1. Claimant's name: Justin Botelho

2. Claimant's complete address: 33 Conant St Apt: 2 Fall River, MA 02724

3. Telephone number: Home: 774-366-1433 Work: _____

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: 4/13/2015 1:00PM Amount of damages claimed: \$ 355.00

6. Exact location of the incident: (include as much detail as possible):
Intersection of Pleasant and Clafin

7. Circumstances of the incident: (attach additional pages if necessary):
See Attached police report.

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
Claim # 0525988590161013 Geico Insurance

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: 4/21/2015 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: City Clerk Law City Council City Administrator DPW Date: 4/21/15

Council



City of Fall River
Notice of Claim

RECEIVED

2015 APR 21 P 3:26

CITY CLERK 15-146
FALL RIVER, MA

1. Claimant's name: Natercia Tabla
2. Claimant's complete address: 22 Mulberry St. FR MA 02721
3. Telephone number: Home: 714 488 8458 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
auto accident (tire popped due to pothole)
5. Date and time of accident: 4/21/15 12:49 pm Amount of damages claimed: \$ New Car (don't know)
6. Exact location of the incident: (include as much detail as possible):
Doubt St. FR 02721 Near ~~Steve's~~ Jimmy's Tires
7. Circumstances of the incident: (attach additional pages if necessary):

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: 4/21/15 Claimant's signature: Natercia Tabla

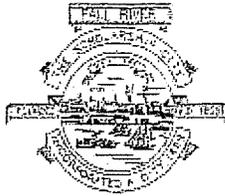
WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS:

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

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For official use only:	Date: <u>APR 21 2015</u>
Copies forwarded to: <input type="checkbox"/> City Clerk <input type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	

Council



#15-147 RECEIVED

2015 APR 22 P 2: 15

City of Fall River
Notice of Claim

Attorney Robert J. Eagan
161 South Main St.
Fall River, MA 02721
508-672-2100

CITY CLERK Robert Eagan
FALL RIVER, MA

1. Claimant's name: Robert Eagan
2. Claimant's complete address: 115 Broad Core St. Somerset
3. Telephone number: Home: 508-493-6706 Work: 508-672-2100
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
hit pot-hole
5. Date and time of accident: 3/19/15 ~ 4pm Amount of damages claimed: \$ 140.63
6. Exact location of the incident: (include as much detail as possible):
Davol St. in front of Davol Station Rest.
7. Circumstances of the incident: (attach additional pages if necessary):
hit large pothole on Davol St - bent rim
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: 4/19/15

Claimant's signature: Robert Eagan

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>APR 22 2015</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"/> DPW	



RECEIVED

2015 APR 22 P 4:00

CITY CLERK 15-148
FALL RIVER, MA

City of Fall River
Notice of Claim

1. Claimant's name: Michael Howarth
2. Claimant's complete address: 30 Church St. Fall River, Ma
3. Telephone number: Home: 508 6748284 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage): Being in the hosp. to Catholic Memorial Home I'm asking for a ticket + towing of my car to be forgiven. Car towed 4/18/15.
5. Date and time of accident: _____ Amount of damages claimed: \$ _____
6. Exact location of the incident: (include as much detail as possible): 30 Church St Car was towed also given a ticket
7. Circumstances of the incident: (attach additional pages if necessary): I was at Catholic Memorial Home for rehab. physical + occupational 3-12-15 to 4-10-15 reason I had open heart surgery at Charlton Memorial Hosp. At Charlton from 2-27-3-12
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: 4/19/15

Claimant's signature: Michael Howarth

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 Traffic + Parking Date: _____



RECEIVED

2015 APR 23 P 3:10

City of Fall River
Notice of Claim

CITY CLERK 15-149
FALL RIVER, MA

1. Claimant's name: Barbara Fontaine
2. Claimant's complete address: 2199 Lewis St. Dighton MA 02715
3. Telephone number: Home: 774-263-3979 Work: 774-263-3979
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
put hole property damage
5. Date and time of accident: 3/31/15 Amount of damages claimed: \$ 587.78
6. Exact location of the incident: (include as much detail as possible):
Driv. at just past Brownell St.
7. Circumstances of the incident: (attach additional pages if necessary):
In attached I was traveling to work managed to avoid several pot holes prior to hitting this one which disabled my vehicle completely
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: 4/23/15

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

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For official use only:						Date: <u>APR 23 2015</u>
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input type="checkbox"/> Law	<input checked="" type="checkbox"/> City Council	<input checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	



RECEIVED

2015 APR 23 P 1:15

City of Fall River
Notice of Claim

CITY CLERK 15-150
FALL RIVER, MA

1. Claimant's name: Wilber Lane Law Firm attorneys for Liberty Mutual a/s/o Susan & Alice Gagne
2. Claimant's complete address: 816 Eldorado Rd. Suite 7 Bloomington, IL 61704
3. Telephone number: Home: _____ Work: (800) 397-5418 x7103
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: 02-17-15 12am Amount of damages claimed: \$ 8,891.65
6. Exact location of the incident: (include as much detail as possible):
135 Baird St Fall River, MA 02721
7. Circumstances of the incident: (attach additional pages if necessary):
City owned pipe in street broke and caused water to back up into home causing property damage. It took City about 6 hours to make repairs.
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
Liberty Mutual Group 5050 W Tilghman St Allentown, PA 18104

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: 4/17/15

Claimant's signature: [Signature] The Wilber Lane Law Firm

o/b/o Liberty Mutual as subrogee of Susan & Alice George

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 type="checkbox"/> City Clerk <input type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>Water</u>	Date: <u>4-24-15</u>



RECEIVED

City of Fall River
Notice of Claim

2015 APR 24 P 12: 18

CITY CLERK 15-151
FALL RIVER, MA

- 1. Claimant's name: Nicole Machado
2. Claimant's complete address: 145 Leonard Ave East Providence RI 02914
3. Telephone number: Home: (401) 644-8101 Work:
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage): Blew a tire due to city pothole.
5. Date and time of accident: 4/6/15; 7:50AM Amount of damages claimed: \$ 259.18
6. Exact location of the incident: (include as much detail as possible): ON hartwell st heading towards rodman st in front of garage
7. Circumstances of the incident: (attach additional pages if necessary): see attached for more docs
That pothole is so large that I could not avoid it from the direction I came from unless I crossed into the opposite traffic lane. I drive an SUV + I knew immediately that I had a flat! Not safe!!
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: 4/8/15

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: [] City Clerk [] Law [X] City Council [] City Administrator [] DCM Date: 4-24-15

Council



City of Fall River
Notice of Claim

RECEIVED

2015 APR 24 P 1:20

CITY CLERK 15-152
FALL RIVER, MA

1. Claimant's name: Marisa St. Vil
 2. Claimant's complete address: 601 Locust St Fall River MA 02720
 3. Telephone number: Home: 508-415-3171 Work: _____
 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
hitting pot hole
 5. Date and time of accident: 4/10/15 Amount of damages claimed: \$ 45.89
 6. Exact location of the incident: (include as much detail as possible):
in front of the lights near Casey Jeremy's
 7. Circumstances of the incident: (attach additional pages if necessary):
popped 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: 4/24/15

Claimant's signature: Marisa St. Vil

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 type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW					Date: <u>APR 24 2015</u>
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DONALD L. WILBER (IL, GA)
MARC E. LANE (IL)

816 ELDORADO ROAD, SUITE 7
BLOOMINGTON, IL 61704-6035

PHONE (309) 663-1245

FAX (309) 663-0972

E-mail: support@wilberlanolaw.com
URL: www.WLLFpayment.com
Tax ID 37-1366227



Office Hours

(Central Standard Time)

Monday - Wednesday 8 am - 8 pm
Thursday - Friday 8 am - 4:30 pm

#15-153

April 13, 2015

FILE NUMBER : 560975 - 4
AMOUNT OF LOSS : \$ 8,891.65
DATE OF INCIDENT : 02-17-15

OUR CLIENT : Liberty Mutual Group
OUR INSURED : SUSAN GAGNE

Dear FALL RIVER WATER DEPARTMENT,

My client has informed me that you were at fault for the incident that occurred on the above date. As a result, our client has to compensate its insured for the loss you caused. My client, therefore, became subrogated to the rights of their insured, and they have asked us to help them recover the amount of the loss from you.

If you have insurance, please submit this claim to your carrier immediately. Please also have your insurance carrier contact us as soon as possible. Otherwise, if you do not have insurance, you must contact us directly. We will attempt to resolve this matter with you in an amicable fashion, as long as you show us that you are willing to work with us.

This matter requires your immediate attention.

Sincerely,

DONALD L. WILBER
WILBER LANE LAW FIRM

IMPORTANT:

Make check payable to : Liberty Mutual Group
Mail to : WILBER LANE LAW FIRM

816 ELDORADO ROAD, SUITE 7
BLOOMINGTON IL 61704-6035
ADDRESS SERVICE REQUESTED

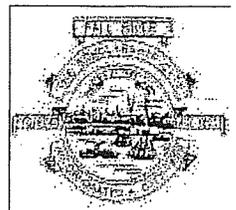
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2015 APR 22 P 12:46
CITY CLERK
FALL RIVER, MA



S-HWWILB10 L-252 A-560975
P4DV7Y00100947 -061196515 100948

FALL RIVER WATER DEPARTMENT
1 GOVERNMENT CTR
RM 326
FALL RIVER MA 02722-7700

Council



RECEIVED

City of Fall River 2015 APR 27 P 1:28
Notice of Claim

CITY CLERK 15-154
FALL RIVER, MA

- 1. Claimant's name: Jonathan Reed
- 2. Claimant's complete address: 40 Aetna St Apt 1 Fall River, MA 02724
- 3. Telephone number: Home: 508 617-9855 Work: 508-646-0043
- 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: 10/10/2014 Amount of damages claimed: \$ 924.80
- 6. Exact location of the incident: (include as much detail as possible):
At the intersection of Vale St and Aetna St in Fall River MA 02724
- 7. Circumstances of the incident: (attach additional pages if necessary):
My vehicle was hit by a garbage truck while it was parked and driverless.
Attached are the police Report and the Insurance Company's estimate of the repair.
- 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 ~~Progressive~~
Progressive 6300 Wilson Mills Road Mayfield Village, OH 44143

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: 2/3/2015 Claimant's signature: Jonathan Reed

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 checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>DPW</u>	Date: <u>APR</u>



Council

RECEIVED

**City of Fall River
Notice of Claim**

2015 APR 27 A 11:49
CITY CLERK 15-155
FALL RIVER, MA

1. Claimant's name: Melissa L. White
2. Claimant's complete address: 3216 Riverside Avenue Somerset Ma 02726
3. Telephone number: Home: 508-965-0431 Work: 508-677-3233
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Impact damage to vehicle
5. Date and time of accident: 8:45 4/7/15 Amount of damages claimed: \$ 670.15
6. Exact location of the incident: (include as much detail as possible):
South Bound on Davol Street in front of Red Cedar Building/ Heritage Cross fit.
7. Circumstances of the incident: (attach additional pages if necessary):
Poor visibility. Dark street with the factor of rain conditions that night.
My car was towed with my roadside assistance to Inskip in Warwick where
purchased my car. Dented rim and flat 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).

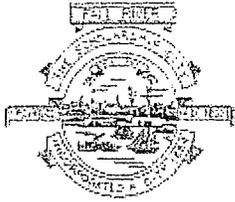
I swear that the facts stated above are true to the best of my knowledge
Date: 4/10/2015 Claimant's signature: *[Signature]*

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 checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>DCM</u>	Date: <u>APR 27 2015</u>
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Council

RECEIVED

2015 APR 27 P 2: 43

**City of Fall River
Notice of Claim**

CITY CLERK 15-156
FALL RIVER, MA

1. Claimant's name: Sara Duarte & Jason Duarte
2. Claimant's complete address: 70 Tecumseh St, Fall River, MA 02721 Apt. 1
3. Telephone number: Home: 774-451-3744 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Pothole damage to car, Flat Tire. Had to Replace tire
5. Date and time of accident: 4/1/2015 6pm Amount of damages claimed: \$ 130.97
6. Exact location of the incident: (include as much detail as possible):
Tecumseh Street near Rodman Street
7. Circumstances of the incident: (attach additional pages if necessary):
I was driving and along that there are alot potholes. My tire was fine one second after going over multiple potholes on this street toward Rodman street my tire became low. I drove a little bit more (into) Rodman street and my 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: 4/27/2015 Claimant's signature: *Sara Duarte*

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 checked="" type="checkbox"/> City Administrator <input type="checkbox"/> <u>DPW</u>	Date: <u>APR 27 2015</u>
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RECEIVED Council

2015 APR 27 P 2:48

CITY CLERK 15-157
FALL RIVER, MA

City of Fall River
Notice of Claim

1. Claimant's name: AMABELIA CARVALHO
2. Claimant's complete address: 57 KIMBALL ST
3. Telephone number: Home: 5082078439 Work: N/A
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
POT HOLE TILES
5. Date and time of accident: 4-11-15 Amount of damages claimed: \$ 240.00
6. Exact location of the incident: (include as much detail as possible):
KIMBALL STREET
7. Circumstances of the incident: (attach additional pages if necessary):
DRIVING AND WENT OVER POT HOLE FRONT
PASSENGER + BACK TIRE GOT DAMAGE FROM
THE INCIDENT RIPPED BOTTOM PORTION OF
BOTH TIRES
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: 4-27-15

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

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For official use only:

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

Date: APR 27 2015



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2015 APR 29 P 12:53

City of Fall River
Notice of Claim

CITY CLERK #15-158
FALL RIVER, MA

1. Claimant's name: Matthew Pacheco
2. Claimant's complete address: 93 Barnes St
3. Telephone number: Home: 774-451-2108 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
CRACKED RIM & POPPED TIRE FROM POT HOLE!
5. Date and time of accident: 4/20/2015 Amount of damages claimed: \$ 218.82
6. Exact location of the incident: (include as much detail as possible):
outside of 130 Lynwood St Fall River MA
7. Circumstances of the incident: (attach additional pages if necessary):
Driving down the street to get my son, there's huge holes all over the street and can't be avoided, they are inches apart causing to crack my tire rim and popping my tire! Have called several times to have holes fixed!
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: 4/28/2015

Claimant's signature: Matthew Pacheco

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: 4/29/15

Council



City of Fall River
Notice of Claim

RECEIVED

2015 APR 29 P 1:12

CITY CLERK 15-159
FALL RIVER, MA

1. Claimant's name: Pete Controubis
 2. Claimant's complete address: 250 Maple St
 3. Telephone number: Home: 508-678-1601 Work: _____
 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Auto Acc. trash truck Barrel hit truck
 5. Date and time of accident: 4/16/15 Amount of damages claimed: \$ 524.97
 6. Exact location of the incident: (include as much detail as possible):
in front of house Barrel hit truck 250 Maple St
 7. Circumstances of the incident: (attach additional pages if necessary):
Barrel coming off truck struck tailgate of truck
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: 4/29/15

Claimant's signature: Pete Controubis

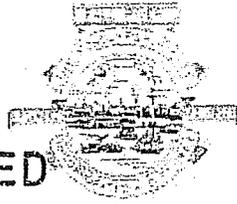
WHEN TO FILE: If your claim is based on a defect in a public way, you must file within 30 days of the incident. If your claim is based on the negligence or wrongful act or omission of the City or its employees, you must file within two years of the incident. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

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

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For official use only:						Date: <u>APR 29 2015</u>
Copies forwarded to:	<input type="checkbox"/> City Clerk	<input type="checkbox"/> Law	<input type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	

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2015 MAY - 1 A 11:02
City of Fall River
Notice of Claim

1. Claimant's name: CITY CLERK 15-160
FALL RIVER, MA
2. Claimant's complete address: 196 TICKLE RD WESTPORT, MA 02790
3. Telephone number: Home: 508 679-4592 CELL 508 951-6869
WORK: 508 951-6869
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
DAMAGE TO CAR DUE TO POT HOLES
5. Date and time of accident: 4/16/15 9:30AM Amount of damages claimed: \$1227.92
6. Exact location of the incident: (include as much detail as possible):
DAVOL ST. - HEADING SOUTH - CLOSE TO MILLS ON RIGHT + JERRY REMY'S REST. EXIT TO
7. Circumstances of the incident: (attach additional pages if necessary):
HIT HUGE POT HOLES
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: 5/1/15 Claimant's signature: Patricia Boyer

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:						Date: <u>5/1/15</u>
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	



council

**City of Fall River
Notice of Claim**

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2015 MAY - 1 P 2: 28

15-1161

1. Claimant's name: Jeffrey P Martel

2. Claimant's complete address: 130 ALSOP ST FALL RIVER, MA 02723

3. Telephone number: Home: 5086742673 Work: 508672-7294

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: 2-14-15 Amount of damages claimed: \$ 650.00

6. Exact location of the incident: (include as much detail as possible):
IT COULD BE MANY OF POT HOLES INVOLVED

7. Circumstances of the incident: (attach additional pages if necessary):

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).

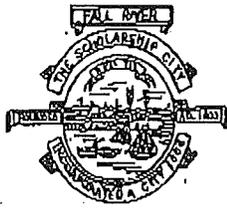
I swear that the facts stated above are true to the best of my knowledge.
Date: 5-1-15 Claimant's signature: Jeffrey P Martel

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: MAY - 4 2015



Council

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2015 MAY -4 P 12: 08

City of Fall River
Notice of Claim

CITY CLERK 15-162
FALL RIVER, MA

1. Claimant's name: Deolinda DASILVA
2. Claimant's complete address: 255 Rodman St. Fall River, Ma. 02721
3. Telephone number: Home: 508 933 8248 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Accident
5. Date and time of accident: 4-15-15 Amount of damages claimed: \$ _____
6. Exact location of the incident: (Include as much detail as possible):
Corner of Rodman + Fifth St. F.R. Ma.
7. Circumstances of the incident: (attach additional pages if necessary):
my vehicle was parked when the trash truck hit my car
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: 4-23-15 Claimant's signature: Deolinda Dasilva

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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2015 MAY -6 A 9 26

City of Fall River
Notice of Claim

CITY CLERK 15-163
FALL RIVER, MA

1. Claimant's name: CHERYL ROY
2. Claimant's complete address: 142 COOLIDGE ST SWANSEA, MA 02777
3. Telephone number: Home: 508-675-2910 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Auto-ACCIDENT - POT HOLE - LOST ALL OIL IN CAR
5. Date and time of accident: 4-29-15 1:45PM Amount of damages claimed: \$ 510.28
6. Exact location of the incident: (include as much detail as possible):
ON PRESIDENT AVE AND HANOVER ST FALL RIVER, MASS.
7. Circumstances of the incident: (attach additional pages if necessary):
HIT POT HOLE ON PRESIDENT AVE NEAR HANOVER ST DIDN'T SEE
DOE TO TRAFFIC, HIT HOLE AND HEARD A BIG BANG. OIL LEAKED
FROM THERE TO CREATIVE LOOKS. A BIG PIECE OF THE ROAD HIT
MY OIL PAN + SPLIT IT OPEN. HAD TO HAVE CAR TOWED
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: 5-6-15

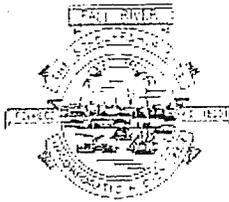
Claimant's signature: Cheryl A. Roy

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 type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>5/6/15</u>



Council

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City of Fall River
Notice of Claim

2015 MAY -6 A 11:43

CITY CLERK 15-164
FALL RIVER, MA

- 1. Claimant's name: Elizabeth N. Burns
2. Claimant's complete address: 07 Crestview Dr. Westport, Ma.
3. Telephone number: Home: 5086785852 Cell: 4017498480
4. Nature of claim: Replace Tire because of defective st. (pothole)
5. Date and time of accident: 5/2/15 8:50pm Amount of damages claimed: \$132.00
6. Exact location of the incident: 81 S Rhode Island Ave + Tucker St.
7. Circumstances of the incident: I was approaching the traffic light at R.I. Ave + Tucker St. when I hit a pothole which was impossible to see. I managed to pull into Wendy's parking lot as the fire immediately flattened.
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: 5/5/15 Claimant's signature: Elizabeth N Burns

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: MAY - 6 2015



City of Fall River
Notice of Claim

RECEIVED

2015 MAY -6 P 12:49

CITY CLERK #15-165
FALL RIVER, MA

1. Claimant's name: Sasha M. Dias
2. Claimant's complete address: 645 Marvel St Swansea, MA 02777
3. Telephone number: Home: 774-991-1355 Work: n/a
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
flat tire due to pothole
5. Date and time of accident: 5/4/15 9:27 AM Amount of damages claimed: \$ 293.5
6. Exact location of the incident: (include as much detail as possible):
around 535 Bay St Fall River, MA 02724
7. Circumstances of the incident: (attach additional pages if necessary):
Was driving down road and came upon 2 potholes side by side with 2 cars coming opposite way. Could not stop in time right when I had to hit the pothole and it sliced my tire and was causing a flat. Was not avoidable.
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: 5/4/15

Claimant's signature: Sasha M. Dias

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 checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>DPW</u>	Date: <u>5/6/15</u>
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2015 MAY -6 P 2:25

City of Fall River
Notice of Claim

CITY CLERK 15-166
FALL RIVER, MA

- 1. Claimant's name: Jameson Guimond
- 2. Claimant's complete address: 307 Montgomery St. Fall River, MA 02720
- 3. Telephone number: Home: _____ Work: _____
- 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: 11-5-13/16:22 Amount of damages claimed: \$ 113.48
- 6. Exact location of the incident: (include as much detail as possible):
25 Crescent St

7. Circumstances of the incident: (attach additional pages if necessary):
City vehicle driven by David Robinette & traveling on Crescent Rd clipped the driver side mirror of Jameson Guimond's parked vehicle

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
Liberty Mutual

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: 4-20-15 Claimant's signature: [Signature] ASO Liberty Mutual / Jameson Guimond

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"/> DPW
<input checked="" type="checkbox"/> Law	Date: <u>MAY - 6 2015</u>
<input checked="" type="checkbox"/> City Council	
<input checked="" type="checkbox"/> City Administrator	

Council



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2015 MAY -7 P 12:15 City of Fall River
Notice of Claim

CITY CLERK 15-167

1. Claimant's name: MAE RIVERA MARCEANO Botelho
2. Claimant's complete address: 977 N. Eastern Ave Fall River MA
3. Telephone number: Home: 508 679 6987 Work: 508 676-1916 ⁰²⁷²⁰
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
property damage - snow plow ripped up driveway
5. Date and time of accident: 1/27/15 Amount of damages claimed: \$ hasn't been appraised
6. Exact location of the incident: (include as much detail as possible):
Home address
7. Circumstances of the incident: (attach additional pages if necessary):
roughly 7 feet of asphalt was torn up by city snowplow. It left a huge hole that causes my tires and rims be damaged.
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: 1/30/15 Claimant's signature: Samuel Botelho

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 type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>DPW</u>	Date: <u>MAY - 7 2015</u>



Council

RECEIVED

2015 MAY - 7 P 1:11

City of Fall River
Notice of Claim

CITY CLERK 15-168
FALL RIVER, MA

1. Claimant's name: BEVERLY FREEBORN
2. Claimant's complete address: 174 SHARPS LOT RD, SWANSEA, MA 02777
3. Telephone number: Home: 508-673-5740 Work: 508-454-7769
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
POT HOLE DAMAGE
5. Date and time of accident: 5/2/15 10:30AM Amount of damages claimed: \$ 109.87
6. Exact location of the incident: (include as much detail as possible):
DAYOL STREET HEADING TOWARD SOUTH END FROM VETS MEM BRIDGE.
7. Circumstances of the incident: (attach additional pages if necessary):
POT HOLE IN LEFT LANE NEAR OLD COKE PLANT

DRIVING FROM SOMERSET OVER VETS BRIDGE TO FALL RIVER, TOOK DAYOL ST. NEAR OLD COKE PLANT HIT POT HOLE IN LEFT LANE. COULD NOT SEE IT BECAUSE TO TRY TO AVOID DUE TO VEHICLE IN FRONT

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
IT CAUSED A BUBBLE ON MY RIGHT FRONT PASSENGER

Be sure to attach the original of any bills issued or any written estimates of repair or replacement costs. (Any ^{of me} replaced 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: 5/7/15 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:	Date: <u>MAY - 7 2015</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>	

DEAR City Councilors

I must Ask Why can we NOT
CONTROL our own School
Lunch Program. Instead of it being
Contracted by a New York Catering
Company that is Deriving a Income
from it. Why can't we as THE
PEOPLE OF FALL RIVER, MASS
REGULATE and obtain an INCOME
from it instead of Whitney's??

TAKE a look at our Schools
They are being Controlled by
and for the Government. We as the
PEOPLE OF FALL RIVER should
REGULATE and DERIVE AN INCOME
from our OWN SCHOOL LUNCH
PROGRAM. We OWE IT TO OUR -
SELVES TO CONTROL & REGULATE
and DERIVE AN INCOME from our
OWN SCHOOL LUNCH PROGRAM

WE SHOULD TELL WHITNEYS
TO TAKE A HIKE OUT OF
TOWN IN A MCE WAY OF
COURSE, AND CONTROL OUR
OWN - US - WE THE PEOPLE
SCHOOL LUNCH PROGRAM.

A CONCERNED FALL RIVER
RESIDENT

RECEIVED

2015 APR 27 A 11:59

CITY CLERK
FALL RIVER, MA

To Whom it may
Conyent I mary Souza drive
her car on Orange street
her front end went into the
post hole the paster side
it draner the front wdunder

May Souza

508 617 4822

219 ORANGE ST LS
FALL RIVER MA
02720

CITY CLERK
FALL RIVER, MA

2015 APR 16 AM 10:40

RECEIVED