

City of Fall River Massachusetts
Office of the City Clerk

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2014 MAY -9 A 10:16

ALISON M. BOUCHARD
CITY CLERK

CITY CLERK
FALL RIVER, MA MAY 9, 2014

INÊS LEITE
ASSISTANT CITY CLERK

MEETINGS SCHEDULED FOR NEXT WEEK
CITY COUNCIL CHAMBER

TUESDAY, MAY 13, 2014

5:15 P.M. COMMITTEE ON PUBLIC WORKS AND TRANSPORTATION

6:00 P.M. COMMITTEE ON FINANCE **PLEASE NOTE EARLIER TIME**

1. Discussion with Administrator of Community Utilities re: water and sewer rate adjustments (See item #s 2, 6 and 7 below)
2. Resolution – Finance team provide reports on outstanding bonds and unfunded liabilities (tabled 4-22-14)
3. Discussion with administration re: demand fees for delinquent Real Estate, Motor Vehicle Excise and Personal Property Taxes (See item #3 below)

AGENDA

7:00 P.M. REGULAR MEETING OF THE CITY COUNCIL

PRIORITY MATTERS – None

PRIORITY COMMUNICATIONS

1. *Mayor and loan order for Phase 14 Water System Improvements – \$4.85 million
2. *Mayor and revised sewer division budget and rate adjustments ordinance (See Finance #1)
3. *Mayor and order for increase in demand fees for Real Estate, Motor Vehicle Excise and Personal Property Taxes (see Finance #3)
4. *Fire Chief and order for acceptance of various donations for new Sparky the Fire Dog suit
5. Traffic Commission recommending amendments to the traffic ordinances

COMMITTEE REPORTS

Committee on Ordinances and Legislation recommending:

Action, as amended:

6. *Proposed ordinance – Water rate adjustments (See Finance #1)

Action:

7. *Proposed ordinance – Sewer rate adjustments (See Finance #1)

All readings with Emergency Preamble:

8. *Proposed ordinance – Floodplain district boundaries

Committee on Economic Development and Tourism recommending:

Grant leave to withdraw:

9. Resolution – Land opportunities for the siting of solid waste disposal facilities

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:

10. *Traffic, miscellaneous

RESOLUTIONS

11. *Sidewalks located on Horton Street be inspected and repaired or replaced

CITATIONS – None

ORDERS – HEARINGS FOR TONIGHT

Curb removals:

12. Joshua Hetzler – Removal of 16 feet of curbing for a total new driveway opening of 32 feet at 310 Neptune Street
13. Kayla Rae Realty, LLC – Removal of 116 feet of curbing (curb cuts on Brayton Avenue and Nelson Street) for a new curb opening of 116 feet at 540 Brayton Avenue

ORDERS – HEARINGS TO BE SCHEDULED – None

ORDERS – NO HEARING REQUIRED – None

ORDERS – MISCELLANEOUS

14. Police chief's report on licenses
15. Auto repair shop renewals
16. Revocation of auto body shop license no. 86 for John Amaral, 17 Boyden Street d/b/a Amaral's Auto Body located at 17 Boyden Street at license holder's request
17. Revocation of auto repair shop license no. 146 for John Amaral, 17 Boyden Street d/b/a Amaral's Auto Repair located at 17 Boyden Street at license holder's request
18. City Engineer prepare plans for the discontinuance of Liberty Street from Center Street northerly 261.4 feet

COMMUNICATIONS – INVITATIONS – PETITIONS

19. *Claims
20. Zoning Board of Appeals Minutes – Feb. 21, 2013; April 18, 2013; October 17, 2013; March 20, 2014
21. Planning Board Minutes – April 7, 2014
22. *Communication from resident re: violation of noise ordinance
23. *Structure on/over a public way – Pleasant Street
24. Drainlayer licenses

BULLETINS – NEWSLETTERS – NOTICES

25. Environmental Notification Form – Fall River City Pier, Marina Redevelopment Project


Assistant City Clerk

City of Fall River, In City Council

(Councilor Raymond A. Mitchell)

WHEREAS, the City of Fall River has many outstanding debts, now therefore

BE IT RESOLVED, that the Finance team provide reports on outstanding bonds and unfunded liabilities, including the payoff dates and the actual costs to the citizens of Fall River.

CITY OF FALL RIVER
IN CITY COUNCIL
MAR 25 2014

Referred to the
Committee on Finance

Tabled
4-22-14

City of Fall River Inactive Capital Project Funds as of April 30, 2014

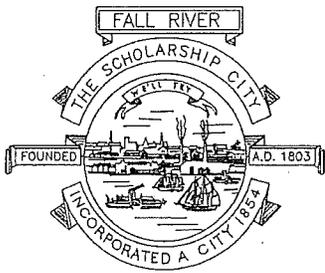
Fund Description	Idle Amount	Loan Authorization	Term	Date(s) Authorized	Original Issue Amount	Date of Bond Issue	Date of Last Activity	Comments
5220 North End Fire Station Complex	64,219.77	4,525,000	20	3/13/2001	4,525,000	2/1/2003	6/7/2004	To be used for fire dept - Globe Station
5304 Morton Middle School	326,646.19	32,348,000	20	7/24/2001	1,000,000	7/15/2006	FY14	To be used for North Park
5308 Small Elementary School	38,788.49	31,270,000	5-20	1/4/01, 7/17/01, 3/6/05, 12/5/06, 2/28/08	1,000,000	7/15/2006	FY14	There are pending settlement and legal fees
5318 Durfee High Athletic	7,845.12	4,600,000	15	6/28/2006	4,600,000	7/15/2008	1/14/2008	To be used for Durfee School Athletic projects
5319 Extraordinary Repairs	256,011.92	450,000	20	6/28/2006	450,000	7/15/2008	2/19/2013	To be used in near future for Treasurer Office rehab project
5400 Acquisition of Street Lighting	5,605.00	800,000	10	12/16/2003	800,000	7/15/2006	2/20/2007	To be used for street light projects
5630 Government Center	88,806.37	2,545,000	20	5/27/2003	2,545,000	7/15/2006	8/13/2012	To be used in near future for Treasurer Office rehab project
5642 Park Improvements - Lafayette/Maplewood	26,436.00	-	-	-	-	-	7/23/2007	To be used for Britland Park
		<u>814,358.86</u>						
WTR SWR Projects								
5616 Capital Improvement	1,500.00	-	-	-	-	-	8/8/2011	These projects have been completed. Water Sewer department is working on repurposing the residual amounts
5631 Phase 2 Water Project	3,540.67	4,760,000	30-40	2002	-	-	5/31/2012	
5633 Phase 3 Water Project	4,734.68	4,716,425	30-40	5/29/2003	4,153,656	11/23/2004	5/31/2012	
5634 Phase 4 Water Project	67,661.52	4,910,000	40	7/26/2004	2,000,000	7/15/2006	5/19/2008	
5637 Phase 5 Water Project	1,911.51	4,640,000	30-40	6/29/2005	13,000	5/23/2012	5/4/2009	
5644 Phase 8 Water Project	2,211.91	3,435,000	30-40	3/14/2008	109,000	5/23/2012	5/31/2012	
		<u>81,560.29</u>						

Compiled: 4/30/14

CITY CLERK
FALL RIVER, MA

2014 MAY -9 A 8:56

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

WILLIAM A. FLANAGAN
Mayor

RECEIVED
2014 MAY -1 P 3:54
CITY CLERK
FALL RIVER, MA
TERRANCE SULLIVAN
Administrator

April 30, 2014

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

Dear Councilors:

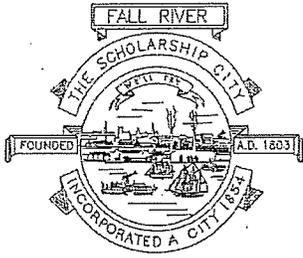
Please find attached a loan order and supporting documents for Phase 14 of the Water System Improvements. I support approval of said loan order.

Your approval of said loan order is respectfully requested.

Sincerely,


Mayor William A. Flanagan

Attachments



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

WILLIAM A. FLANAGAN
Mayor

TERRANCE SULLIVAN
Administrator

April 22, 2014

Watuppa Water Board
One Government Center
Fall River, MA 02722

RE: Water Improvement Projects Phase 14
Loan Order

Dear Board Members:

Please find attached the proposed Loan Order for Phase 14 of the Water Improvement Projects. Supporting documents on the debt cost, rate impact and specific project scope of work have been attached as well. These improvements are identified in the Master Plan.

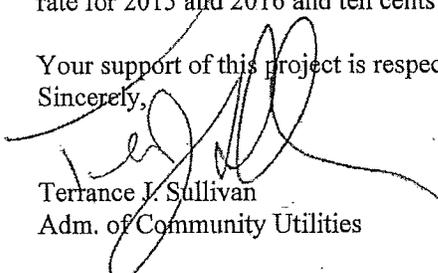
I am respectfully requesting that this Phase 14 loan be approved.

The grant funding and subsidized loans for several of the projects require that the loan order be approved prior to June 30, 2014. 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 2014; less than half a penny on the rate for 2015 and 2016 and ten cents on the rate in 2017.

Your support of this project is respectfully requested.

Sincerely,


Terrance J. Sullivan
Adm. of Community Utilities

TJS/omc
Attachments

CITY OF FALL RIVER
LOAN ORDER
(Water System Improvements)

CITY OF FALL RIVER, In City Council

ORDERED, that \$4,850,000 is appropriated for the purpose of financing planning, design and construction of Phase 14 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 \$4,850,000 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.

Phase 14 Water Projects
 Planned construction schedule is for 2015

Phase 14		
Design		
Water Main Replacement	2014	\$200,000
MHC Facility Stabilization	2014	\$65,000
Construction Management	2015	\$365,000
Construction		
Water Main Replacement	2015	\$2,226,000
Treatment Facility Improvements	2015	\$750,000
MHC Facility Stabilization	2015	\$550,000
Other		
Contingency	2014-2015	\$463,000
Advertising/Miscellaneous	2014-2015	\$6,000
Police Details	2015	\$225,000
Total		\$4,850,000

WATER DIVISION
 WATER SYSTEMS IMPROVEMENTS PROJECTS
 WATER MAIN REPLACEMENT SUMMARY

PHASE 1A

Street	To	From	Length (ft)	Lead Services	Age	Comments
5th Street	Brow	Plymouth	2,000	7	1878	Last section of 5th Street
Arch Street	Broadway	S. Beach	600	0	N/A	Water Quality issues
Cook Street	Hamlet	Peckham	670		1969	Water Quality issues
Denver Street	Stevens	Jefferson	500	0	1927	Pressure issues
Hartwell Street	Sullivan	Rodman	1,500	1	1888	Water Quality issues
Jackson Street	Albert	Grinnell	1,500	0	1884	Water Quality issues
Lake Avenue	Alco	Flores	3,000	N/A	N/A	Sewer install planned
Line Street	Lake Ave	Dead end	250	N/A	N/A	Sewer install planned
Swan Street	Lake ave	End	300	N/A	N/A	Sewer install planned
Lexington Street	Albion	End	250	6	unknown	Water Quality issues
Manton Street	Whipple	Plymouth	500	1	1877	Pressure issues
Montgomery Street	Highland	Chestnut	3,500	0	1917	Stated to be paved
Underwood	French	President	2,000	4	1885	Stated to be paved
Totals			16,570	19		

Estimates of Phase 14 Project Debt

4.22.14

Entire Project (Planning/Design/Construction).

Total Project Cost	\$4,850,000
Repayment Less 10% EJC reduction	\$4,365,000

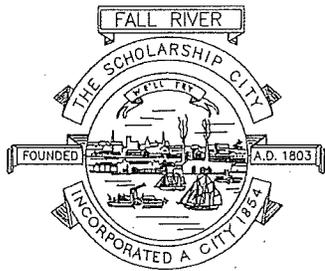
Estimated Cost of Short Term Debt	
	\$0
BAN-\$200,000 at 4%	\$8,000
BAN-\$400,000 at 4%	\$16,000

Effect on the Water Rate	Year
\$0.00	2014
\$0.0027	2015
\$0.0053	2016

year	Phase 14		
	Principal	Interest	Annual P&I
	\$4,365,000		
	\$4,850,000		
1	\$218,250	\$87,300	\$305,550
2	\$218,250	\$82,935	\$301,185
3	\$218,250	\$78,570	\$296,820
4	\$218,250	\$74,205	\$292,455
5	\$218,250	\$69,840	\$288,090
6	\$218,250	\$65,475	\$283,725
7	\$218,250	\$61,110	\$279,360
8	\$218,250	\$56,745	\$274,995
9	\$218,250	\$52,380	\$270,630
10	\$218,250	\$48,015	\$266,265
11	\$218,250	\$43,650	\$261,900
12	\$218,250	\$39,285	\$257,535
13	\$218,250	\$34,920	\$253,170
14	\$218,250	\$30,555	\$248,805
15	\$218,250	\$26,190	\$244,440
16	\$218,250	\$21,825	\$240,075
17	\$218,250	\$17,460	\$235,710
18	\$218,250	\$13,095	\$231,345
19	\$218,250	\$8,730	\$226,980
20	\$218,250	\$4,365	\$222,615
TOTALS	\$4,365,000	\$916,650	\$5,281,650

Effect on the Water Rate	Estimate Start of Long Term Debt
\$0.10	2017
\$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

2



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

2014 MAY -1 P 3:54

CITY CLERK
FALL RIVER, MA

TERRANCE SULLIVAN
Administrator

WILLIAM A. FLANAGAN
Mayor

May 1, 2014

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

Dear Councilors:

Several Fiscal Year 2015 bids for the Sewer Division came in lower than estimated. As such, the Sewer Commission has approved the attached recommendations to reduce their budget and the proposed rate increase.

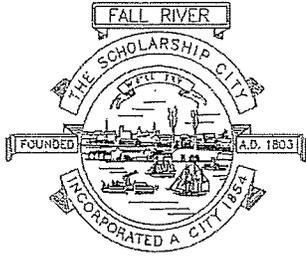
The proposed FY15 Sewer Division budget has been reduced to \$19,442,748.00 (\$19,889,020.00). The proposed sewer rate increase has been reduced to \$4.19/ccf (from \$4.35/ccf). I support these reductions.

Please amend the sewer rate ordinance accordingly as attached.

Sincerely,

Mayor William A. Flanagan

Attachments



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

WILLIAM A. FLANAGAN
Mayor

TERRANCE SULLIVAN
Administrator

TO: Sewer Commission
FROM: Terrance Sullivan
Administrator/Community Utilities
DATE: April 22, 2014
RE: Revised FY15 Budget and Rate

Bids for the OM&M Contract, chemicals and vehicle insurance have come in lower than estimated. As such, I have prepared and attached a revised budget and revised rate structure for FY15. The revised proposed budget total is \$19,442,748.00 (reduced from \$19,889,020.00). The revised proposed rate is \$4.19/ccf (reduced from \$4.35/ccf).

I plan to request your approval at the next Sewer Commission Meeting.

Please call me if you have any questions.

TJS/omc
Attachment

FY 2015 PROPOSED COMMUNITY UTILITIES BUDGET
SEWER DIVISION revised 4/30/14

REVENUE			FY14 Current Budget	FY15 Proposed Budget-2/7/14
64400000	414200	TAX LIENS REDEEMED	\$260,000.00	\$260,000.00
64400000	417300	INTEREST & PENALTY TAX LIEN	\$50,000.00	\$50,000.00
64400000	417420	INT & PEN ON SEWER + demands	\$90,000.00	\$90,000.00
64400000	417600	INT & PEN ON UTILITY LIENS	\$35,000.00	\$35,000.00
64400000	421000	SEWER USAGE CHARGES	\$11,600,000.00	\$12,133,020.00
64400000	421500	STORMWATER FEE	\$4,660,000.00	\$4,660,000.00
64400000	422000	OTHER SEWER CHARGES (septage receiving)	\$140,000.00	\$190,000.00
64400000	428013	UTILITY LIENS REDEEMED	\$1,300,000.00	\$1,300,000.00
64400000	439900	OTHER REVENUE	\$195,000.00	\$195,000.00
64400000	442900	PERMIT FEE-SEWER	\$100,000.00	\$100,000.00
64400000	499900	OTHER FINANCING SOURCES (retained earnings)	\$1,539,013.00	\$876,000.00
TOTAL SEWER REVENUE			\$19,969,013.00	\$19,889,020.00

FY15 Revised/Proposed Budget-4/30/14
\$260,000.00
\$50,000.00
\$90,000.00
\$35,000.00
\$11,686,748.00
\$4,660,000.00
\$190,000.00
\$1,300,000.00
\$195,000.00
\$100,000.00
\$876,000.00
\$19,442,748.00

Sewer Rate Per CCF	\$4.09	\$4.35
Storm Rate per ERU per Quarter	\$35.00	\$35.00

\$4.19
\$35.00

EXPENSES			FY14 Budget	FY15 Budget
SEWER-SALARIES				
64407191	511000	SALARIES & WAGES - PERMANENT	\$501,823.00	\$517,482.00
64407191	511115	LONGEVITY	\$9,100.00	\$9,400.00
64407191	511300	SUMMER HOURS	\$9,138.00	\$9,352.00
64407191	513000	OVERTIME	\$3,000.00	\$3,000.00
64407191	516900	RETIREMENT BUYOUTS	\$26,073.00	\$22,401.00
64407191	517100	WORKMEN'S COMPENSATION	\$0.00	\$0.00
64407191	517900	MEDICARE MATCH	\$5,000.00	\$3,500.00
64407191	519400	OTHER STIPENDS	\$2,000.00	\$2,200.00
64407191	519300	UNIFORM ALLOWANCE	\$3,000.00	\$3,000.00
64407191	519700	AUTOMOBILE ALLOWANCE	\$6,240.00	\$6,240.00
64407191	519900	OTHER PERSONNEL COSTS	\$20,000.00	\$15,000.00
TOTAL SEWER PLAN & PROG SALARIES			\$585,374.00	\$591,575.00

FY15 Budget
\$517,482.00
\$9,400.00
\$9,352.00
\$3,000.00
\$22,401.00
\$0.00
\$3,500.00
\$2,200.00
\$3,000.00
\$6,240.00
\$15,000.00
\$591,575.00

SEWER-EXPENSES			FY14 Budget	FY15 Budget
64407192	525000	OFF EQUIP/FURN MAINTENACE	\$500.00	\$500.00
64407192	530100	MEDICAL AND DENTAL AND LEGAL	\$100.00	\$0.00
64407192	530600	ADVERTISING	\$1,000.00	\$1,000.00
64407192	531000	ENGINEERING/ARCHITECTURE	\$20,000.00	\$20,000.00
64407192	534100	TELEPHONE	\$16,100.00	\$16,100.00
64407192	538400	COMPUTER SERVICES	\$500.00	\$500.00
64407192	551100	EDUCATIONAL SUPPLIES	\$3,000.00	\$3,000.00
64407192	553800	METER PARTS/P.W. & UTILITIES S	\$100,000.00	\$100,000.00
64407192	558600	OTHER SUPPLIES	\$500.00	\$500.00
64407192	570100	WATER/SEWER CSO CHARGE	\$90,000.00	\$91,559.04
64407192	571000	IN STATE TRAVEL	\$500.00	\$500.00
64407192	573100	DUES & MEMBERSHIP	\$500.00	\$500.00
64407192	574100	PROPERTY INSURANCE	\$60,000.00	\$60,000.00
64407192	578100	CLAIMS & DAMAGES	\$5,000.00	\$5,000.00
TOTAL SEWER TREATMENT PLANT EXPENSES 1			\$297,700.00	\$299,159.04

FY15 Budget
\$500.00
\$0.00
\$1,000.00
\$20,000.00
\$16,100.00
\$500.00
\$3,000.00
\$100,000.00
\$500.00
\$91,559.04
\$500.00
\$500.00
\$60,000.00
\$5,000.00
\$299,159.04

			FY14 Budget	FY15 Budget
64407202	521100	ELECTRICITY	\$1,350,000.00	\$1,350,000.00
64407202	521500	NATURAL GAS FOR HEAT	\$550,000.00	\$550,000.00
64407202	528100	OTHER RENTALS & LEASES	\$4,400.00	\$4,400.00
64407202	531200	OTHER PROFESSIONAL SERVICES	\$5,421,072.00	\$5,966,024.20
64407202	534300	POSTAGE	\$16,000.00	\$22,000.00
64407202	538500	OTHER PURCHASED SERVICES	\$652,000.00	\$680,000.00
64407202	554200	CHEMICALS	\$475,000.00	\$484,649.76
64407202	573400	CONFERENCES	\$900.00	\$900.00
64407202	574400	MOTOR VEHICLE INSURANCE	\$18,000.00	\$18,000.00
TOTAL SEWER TREATMENT PLANT EXPENSES 2			\$8,487,372.00	\$9,075,973.96

FY15 Budget
\$1,350,000.00
\$550,000.00
\$4,400.00
\$5,450,159.00
\$22,000.00
\$680,000.00
\$457,575.96
\$900.00
\$14,667.00
\$8,529,701.96

SEWER-CAPITAL IMPROVEMENTS			FY14 Budget	FY15 Budget
Capital Improvements			\$750,000.00	\$250,000.00
TOTAL CAPITAL			\$750,000.00	\$250,000.00

FY15 Budget
\$350,000.00
\$350,000.00

SEWER-ADMINISTRATIVE AND INDIRECT COSTS			FY14 Budget	FY15 Budget
64400005	596100	TRANSFERS TO GENERAL FUND	\$1,161,705.00	\$1,161,705.00
64400005	596800	TRANSFER GF - HEALTH	\$47,593.00	\$47,593.00
64400005	596900	TRANSFER GF PENSIONS	\$188,099.00	\$188,099.00
		TRANSFER CAPITAL FUND-FEMA	\$140,000.00	\$50,000.00
TOTAL SEWR TREATMENT PLANT OTHER			\$1,537,397.00	\$1,447,397.00

FY15 Budget
\$1,161,705.00
\$47,593.00
\$188,099.00
\$50,000.00
\$1,447,397.00

SEWER-DEBT			FY14 Budget	FY15 Budget
64409905	591000	MAT PRIN ON LONG TERM DEBT	\$4,857,011.00	\$5,120,715.00
64409905	591500	INTEREST ON LONG TERM DEBT	\$2,878,471.00	\$2,882,494.00
64409905	592500	INTEREST ON NOTES	\$385,000.00	
64409905	594000	DEBT ADMINISTRATIVE COSTS	\$190,688.00	\$169,706.00
new debt				
President Avenue CSO Project-\$10,394,000				\$0.00
Middle Street Drainage Project-\$3,000,000 (only \$300,000 approved)-see below.				
DESIGN ONLY APPROVED-\$300,000.				\$12,000.00
NO CONSTRUCTION APPROVED.				
Integrated Planning/Flood Projects-\$10,000,000 (only \$4,000,000 approved)-see below				
Integrated Master Plan APPROVED-\$3,000,000				\$0.00
DESIGN ONLY of Globe St. flooding APPROVED.-\$300,000				\$12,000.00
DESIGN ONLY of Cress Brook flooding APPROVED.-\$400,000				\$16,000.00
DESIGN ONLY of Cove St. flooding APPROVED.-\$300,000				\$12,000.00
NO CONSTRUCTION APPROVED.				
TOTAL DEBT SERVICE			\$8,311,170.00	\$8,224,915.00

FY15 Budget
\$5,120,715.00
\$2,882,494.00
\$169,706.00
\$0.00
\$12,000.00
\$0.00
\$12,000.00
\$16,000.00
\$12,000.00
\$8,224,915.00

			Total	Total
GRAND TOTAL			\$19,969,013.00	\$19,889,020.00

Total
\$19,442,748.00

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

That Section 74-134 of Appendix A-Fee Schedule of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which section relates to User Charges for Wastewater Collection, be amended as follows:

Section 1.

By striking out in sub-section (1) of said section, "\$4.09", and inserting in place thereof, "\$4.19" and by striking out "July 1, 2011", and inserting in place thereof, "July 1, 2014".

Section 2.

By striking out in paragraph (a) of sub-section (2) of said section, "\$4.09", and inserting in place thereof, "\$4.19", and by striking out "July 1, 2011", and inserting in place thereof, "July 1, 2014".

Section 3.

By striking out in paragraph (b) of sub-section (2) of said section, "\$1.90", and inserting in place thereof, "\$1.95", and by striking out "July 1, 2011", and inserting in place thereof, "July 1, 2014".

Section 4.

By striking out in paragraph (a) of sub-section (3) of said section, "\$6.34", and inserting in place thereof, "\$6.49", and by striking out "July 1, 2011", and inserting in place thereof, "July 1, 2014".

Section 5.

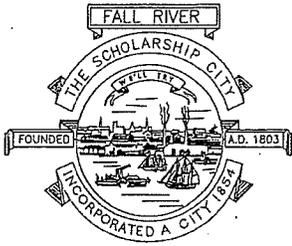
By striking out in paragraph (b) of sub-section (3) of said section, "\$2.95", and inserting in place thereof, "\$3.02", and by striking out "July 1, 2011", and inserting in place thereof, "July 1, 2014".

Section 6.

By striking out in sub-section (4) of said section, all dollar values, and inserting in place thereof, the following:

- \$ 134.00
- \$ 265.00
- \$ 400.00
- \$ 533.00
- \$ 666.00
- \$ 798.00
- \$ 931.00
- \$1,064.00
- \$1,198.00
- \$1,330.00

and, by striking out in said sub-section (4) "July 1, 2011", and inserting in place thereof, "July 1, 2014".



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

WILLIAM A. FLANAGAN
Mayor

RECEIVED
2014 MAY -8 P 5:02
CITY CLERK
FALL RIVER, MA

May 8, 2014

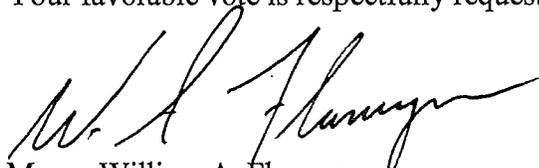
Honorable Members of the City Council
One Government Center
Fall River, MA 02722

Mr. President and Members of the Honorable Council:

In accordance with M.G.L. Chapter 60 I am requesting that demand fees for delinquent Real Estate, Excise and Personal Property taxes be increased from \$5 to \$25. This fee increase will provide an additional incentive for delinquent taxpayers to pay their bills on time. Timely payments are essential to our City's fiscal health.

The Collector's Office has assured me that they will continue to work with taxpayers who need additional time to make their payments due to financial hardship. This Demand Fee increase is needed to facilitate payments from individuals who simply choose not to pay in a timely manner. Enclosed you will see that this fee increase reflects the actual cost of sending demand notices and is consistent with Demand Fees charged in other surrounding communities.

Your favorable vote is respectfully requested.


Mayor William A. Flanagan

City of Fall River, *In City Council*

May 13, 2014

ORDERED:

That the city charge for each written demand issued by the collector a fee of Twenty-Five Dollars (\$25.00) to be added to and collected as part of the tax, as authorized by Massachusetts General Laws Chapter 60, Section 15, effective July 1, 2014.



**City of Fall River
Massachusetts**
Department of Financial Services
TREASURER • COLLECTOR • AUDITOR • ASSESSOR
Collector Division

WILLIAM A. FLANAGAN
Mayor

May 8, 2014

IDALINA GERALDES
City Collector

Mayor William A. Flanagan
City of Fall River
One Government Center
Fall River, MA 02722

Re: Demand Fees-Increase

Dear Honorable Mayor:

I respectfully request your consideration to increase demand fee from \$5.00 to \$25.00 in accordance with M.G.L. Chapter 60 *Collection of Local Taxes*, Section 15 *Fees of Collector*.

This will facilitate in the continued increasing costs of sending out demand notices as required by M.G.L. Chapter 60A *Excise Tax*. This will affect approximately 15-20% of the total bills issued for Motor Vehicle Excise, Real Estate and Personal Property.

I thank you in advance for your consideration in this matter.

Sincerely,

Idalina Geraldles
City Collector

Cc: Mr. John Nunes, Treasurer

CITY CLERK
FALL RIVER, MA
2014 MAY -8 P 5:02
RECEIVED

RECEIVED

2014 MAY -8 P 5:02

CITY CLERK
FALL RIVER, MA

DATE ISSUED % NOT PAID due date Bal at Warrant

2014	2/14/2014	54049	\$ 4,789,998.75	3/17/2014	
DEMAND	4/9/2014	12785	\$ 974,917.53		
WARRANT	5/2/2014	9607	\$ 680,732.69		18%

2013	2/1/2013	53199	\$ 4,475,318.75	3/1/2013	
DEMAND	3/22/2013	13722	\$ 999,002.65		
WARRANT	4/12/2013	9378	\$ 652,815.99		18%

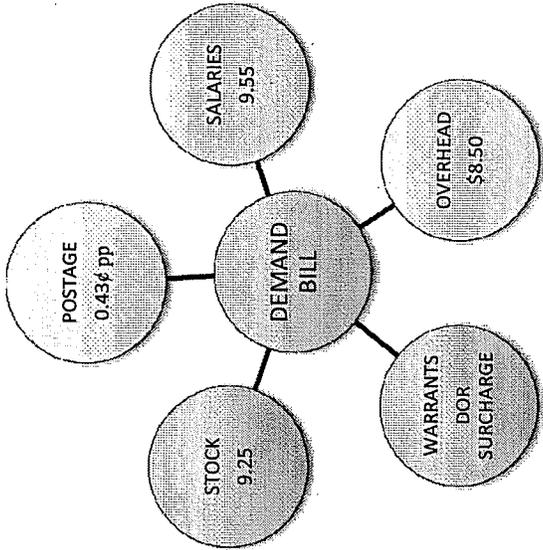
2012	2/3/2014	53198	\$ 4,270,763.75		
DEMAND	3/23/2012	12644	\$ 889,753.03		
WARRANT	4/26/2012	9069	\$ 632,315.44		17%

2011	1/31/2014	53322	\$ 4,141,001.25		
DEMAND	3/18/2011	14682	\$ 1,017,301.09		
WARRANT	4/13/2011	10293	\$ 665,270.38		19%

EXSICE	RE	PP	totals
# OF DEMAND			
BILLS ON			
AVERAGE	13400	300	
\$ 5.00	\$ 67,000.00	\$ 1,500.00	\$ 136,005.00
\$ 25.00	\$ 335,000.00	\$ 7,500.00	\$ 680,025.00
			\$ 544,020.00

W

23000 average
of demand notices



SALARIES	rate	time	POSTAGE
Collector	47.93	1/2hr	.42/.44
Clerk	14.75	1/2 hr	
Cashiers	17.85	5min	
Mailing Clerk		1 hr	
MIS		1/2 hr	

40% BENEFITS

OTHER DIRECT COST
Paper
Envelope
Re-turn Envelope
Storage Box
Office Supplies

OVER HEAD	WARRANTS
Electricity	RMV FEE/DOR
Heat/cooling	SURCHARGE
Equipment	
Ink/toner/maintenance	
Bldg Maint	
	200,000.00
	100,000.00
	280,000.00

RECEIVED
2014 MAY -8 P 5:02
CITY CLERK
FALL RIVER, MA

Notes/thoughts Chapter 60 Section 15 - Fees of collector

- The cost of paper has increase significantly in the past 10 years
- Cost of Gas/transportation has gone from \$1.50 mpg to \$4.50mpg
- It was in 1987 when we went from \$2.00 to \$5.00

- Postage has increased in the past few year – twice in each year (Jan and May)
- Recovery of cost
- Currently it has been the taxpayers who pay that have subsidize those that don't pay-this will help support itself.
- and if this would influence at least 10% of those that wait until they receive the "pink" notice to pay -it would have a positive impact on cash flow

1987 the city went from \$2.00 to \$5.00

Here are some prices on how much things cost back in 1987

A gallon of regular gas in 1987 was only \$.95 a gallon

A first class postage stamp was \$.22.

A gallon of milk was \$2.28.

A dozen eggs were \$.78 a dozen.

RECEIVED

2014 MAY -8 P 5:02

CITY CLERK _____
FALL RIVER, MA

RECEIVED

2014 MAY -8 P 5:02

CITY CLERK
FALL RIVER, MA

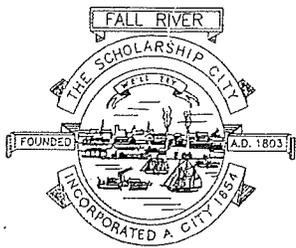
Town	City
Somerset	Taunton
Seekonk	New Bedford
Swansea	Brockton
Freetown	Lawrence
Lakeville	Attleboro
Acushnet	Lynn
Berkley	Cambridge
Dartmouth	Everette
Easton	
Westport	
Fairhaven	
Rehobeth	
Rochester	

We send out approx 22,000 demand notices yearly

\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00
\$ 110,000	\$ 220,000	\$ 330,000	\$ 440,000	\$ 550,000	\$ 660,000
increase	\$ 110,000	\$ 220,000	\$ 330,000	\$ 440,000	\$ 550,000

Experience in other communities show that increasing demand fees did not decrease the number of demand notices issued by the municipality.

4



City of Fall River
Massachusetts
Fire Department Headquarters
Office of the Fire Chief

RECEIVED

WILLIAM A. FLANAGAN
Mayor

2014 MAY -5 P 1:30 **ROBERT J. VIVEIROS**
Fire Chief

CITY CLERK _____
FALL RIVER, MA _____

April 30, 2014

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

Dear Honorable City Council:

The Fire Department has received donations for the purchase of a new Sparky the Fire Dog suit for the Fire Prevention Bureau. This will replace the current suit which is over 18 years old and cannot be repaired. Donations were received from the following:

Joe Alzaibak	Vic's Car Wash 235 John St. Fall River	\$1485.00
Souhad Saliba	JZ Express 969 South Main St. Fall River	\$200.00
Fawzi Raad	Fawzi's Auto 256-260 Bedford St. Fall River	\$200.00
Richard DaSilva	South Shore Contracting, 21 Weir St Taunton MA	\$200.00

Sincerely,

Robert J. Viveiros
Fire Chief

City of Fall River, *In City Council*

4

ORDERED, that under the provisions of M.G.L. Chapter 44, Section 53A, the Fall River Fire Department be, and the same is hereby authorized to accept gifts as follows:

Joe Alzaibak, Vic's Car Wash, 235 John Street	\$1,485.00
Souhad Saliba, JZ Express, 969 South Main Street	200.00
Fawzi Raad, Fawzi's Auto, 256-260 Bedford Street	200.00
Richard DaSilva, South Shore Contracting, 21 Weir Street, Taunton	200.00

The donations received will be used toward the purchase of a new Sparky the Fire Dog suit for the Fire Prevention Bureau.

City of Fall River, In City Council

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

That Chapter 74 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to utilities, be amended as follows:

Section 1.

By striking out Section 74-353 in its entirety and inserting in place thereof, the following:

Sec. 74-353 Rate for metered water generally.

The charge for water supplied by the city shall be provided in the fee schedule in Appendix A to this revision.

Section 2.

By striking out in Section 74-354 "This rate shall be \$3.26 per 100 cubic feet for water billed on or after July 1, 2008" and inserting in place thereof, the following: "This rate shall be provided in the fee schedule in Appendix A to this revision".

Section 3.

By striking out Sec. 74-353 in Appendix A-Fee Schedule, which section relates to utilities, in its entirety, and inserting in place thereof, the following:

For water billed on or after July 1, 2014, per 100 cu. ft. \$2.60

City of Fall River, In City Council

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

That Section 74-134 of Appendix A-Fee Schedule of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which section relates to User Charges for Wastewater Collection, be amended as follows:

Section 1.

By striking out in sub-section (1) of said section, "\$4.09", and inserting in place thereof, "\$4.35" and by striking out "July 1,2011", and inserting in place thereof, "July 1, 2014".

Section 2.

By striking out in paragraph (a) of sub-section (2) of said section, "\$4.09", and inserting in place thereof, "\$4.35", and by striking out "July 1, 2011", and inserting in place thereof, "July 1, 2014".

Section 3.

By striking out in paragraph (b) of sub-section (2) of said section, "\$1.90", and inserting in place thereof, "\$2.02", and by striking out "July 1, 2011", and inserting in place thereof, "July 1, 2014".

Section 4.

By striking out in paragraph (a) of sub-section (3) of said section, "\$6.34", and inserting in place thereof, "\$6.74", and by striking out "July 1, 2011", and inserting in place thereof, "July 1, 2014".

Section 5.

By striking out in paragraph (b) of sub-section (3) of said section, "\$2.95", and inserting in place thereof, "\$3.14", and by striking out "July 1, 2011", and inserting in place thereof, "July 1, 2014".

Section 6.

By striking out in sub-section (4) of said section, all dollar values, and inserting in place thereof, the following:

- \$ 140.00
- \$ 275.00
- \$ 415.00
- \$ 553.00
- \$ 691.00
- \$ 828.00
- \$ 966.00
- \$1,104.00
- \$1,243.00
- \$1,380.00

and, by striking out in said sub-section (4) "July 1, 2011", and inserting in place thereof, "July 1, 2014".

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 striking out Sections 10-246, 10-247 and 10-248, in their entirety, and inserting in place thereof, the following:

Sec. 10-246. Floodplain district boundaries and base flood elevation data.

The floodplain district is herein established as an overlay district. The district includes all special flood hazard areas within the city designated as zone A, AE, AO or VE on the county flood insurance rate map (FIRM) issued by the Federal Emergency Management Agency (FEMA) for the administration of the national flood insurance program. The map panels of the county FIRM that are wholly or partially within the city are panel numbers , 25005C0264F, 25005C0268F, 25005C0269F, 25005C0329F, 25005C0342F, 25005C0344F, 25005C0351F, 25005C0352F, 25005C0353F, 25005C0354F, 25005C0356F, 25005C0357F, 25005C0358F, 25005C0359F, 25005C0361F and 25005C0432F dated July 7, 2009; and panel numbers 25005C0244G, 25005C0263G, 25005C0329G, 25005C0331G, 25005C0332G, 25005C0333G, 25005C0334G, 25005C0337G, and 25005C0341G dated July 16, 2014. The exact boundaries of the district may be defined by the 100-year base flood elevations shown on the FIRM and further defined by the county flood insurance study (FIS) report dated July 16, 2014. The FIRM and FIS report are incorporated herein by reference and are on file with the city clerk.

Sec. 10-247. Base flood elevation data and floodway data.

(a) In Zones A and AE, along watercourses that have not had a regulatory floodway designated, the best available Federal, State, local, or other floodway data shall be used to prohibit encroachments in floodways which would result in any increase in flood levels within the community during the occurrence of the base flood discharge.

(b) Base flood elevation data is required for subdivision proposals or other developments greater than 50 lots or five acres, whichever is the lesser, within the unnumbered A zones.

Sec. 10-248. Other use regulations.

(a) All new construction within zone VE must be located landward of the reach of mean high tide.

(b) In a riverine situation, the director of code enforcement shall notify the following agencies of any alteration or relocation of a watercourse:

- (1) Adjacent communities including the towns:
 - a. Tiverton, Rhode Island,
 - b. Somerset, Massachusetts;

- c. Westport, Massachusetts;
- d. Dartmouth, Massachusetts; and
- e. Freetown, Massachusetts;

(2) NFIP State Coordinator, Massachusetts Department of Conservation and Recreation, 251 Causeway Street, Suite 600-700, Boston, MA 02114-2104; and

(3) NFIP Program Specialist, Federal Emergency Management Agency, Region I, 99 High Street, 6th Floor, Boston, MA 02110.

(c) Man-made alteration of sand dunes within Zone VE which would increase potential flood damage are prohibited.

(d) Within Zone AO on the FIRM, adequate drainage paths must be provided around structures on slopes, to guide floodwaters around and away from proposed structures.

CITY OF FALL RIVER
IN CITY COUNCIL

APR - 8 2014

*Referred to the
Committee on Ordinances
and Legislation*

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:

- Branch Street, north side, starting at a point 20 feet west of John Street, for a distance of 20 feet west
- Denver Street, north side, starting at a point 53 feet west of Jefferson Street, for a distance of 20 feet west
- Hamlet Street, north side, starting at a point 123 feet west of Kellogg Street, for a distance of 20 feet west
- High Street, west side, starting at a point 30 feet south of President Avenue, for a distance of 25 feet south
- High Street, west side, starting at a point 62 feet north of Franklin Street, for a distance of 20 feet north
- Kellogg Street, east side, starting at a point 150 feet south of Osborn Street, for a distance of 20 feet south
- King Phillip Street, north side, starting at a point 100 feet east of South Main Street, for a distance of 25 feet east
- Pitman Street, east side, starting at a point 188 feet south of Webster Street, for a distance of 25 feet south
- Raymond Street, west side, starting at a point 403 feet north of Harriman Street, for a distance of 20 feet south
- Sachem Street, south side, starting at a point 187 feet east of Bay Street, for a distance of 25 feet east
- Tower Street, south side, starting at a point 230 feet west of Stafford Road, for a distance of 25 feet west
- Tuttle Street, east side, starting at a point 42 feet north of Dwelly Street, for a distance of 20 feet north
- Walnut Street, north side, starting at a point 217 feet east of Linden Street, for a distance of 25 feet east

CITY OF FALL RIVER
IN CITY COUNCIL
APR 22 2014

Passed through first reading

City of Fall River, In City Council

(Councilor Leo O. Pelletier)

WHEREAS, property owned by Bruce Fay located at 117 Horton Street has needed the sidewalk repaired for over four years, and

WHEREAS, Mr. Fay has repeatedly requested these repairs, and

WHEREAS, a lawsuit was filed due to a fall on this sidewalk, now therefore

BE IT RESOLVED, that the sidewalks located on Horton Street be inspected and scheduled for repair or replacement as soon as possible.

#14-145A

CC

19



FALL RIVER POLICE DEPARTMENT SUMMARY INCIDENT REPORT

REPORT NUMBER: 14-C80198-OF

INCIDENT INFORMATION							
INCIDENT CODE DS	INCIDENT TYPE Defective Street	INITIAL SUPP	<input checked="" type="checkbox"/>	DATE/TIME STARTED 04/13/2014 07:50 PM	DATE/TIME ENDED 04/13/2014 07:50 PM	DATE/TIME REPORTED 04/13/2014 07:59 PM	
REPORT FILED FROM ***	TRACKING NUMBER T14000215	LOCATION OF OCCURRENCE 60 CLAFLIN Street, FALL RIVER, MA			APPROVED BY: A417/Paul Gauvin		
LOCATION TYPE	THEFT TYPE	METHOD OF ENTRY	METHOD OF EXIT	PT OF ENTRY	PT OF EXIT	ENTRY LOC	

PERSON LISTINGS

TYPE	LAST NAME	FIRST NAME	MIDDLE NAME	DOB	RACE	SEX	DRIVER LIC NO	LIC ST
R	Medeiros	Marlene		***		*		
SSN	ETHNICITY	RESIDENT	EYE COLOR	HAIR COLOR	AGE	HEIGHT	WEIGHT	CELL PHONE
1								***
EMAIL	RESIDENCE ADDRESS			HOME PHONE				
onelegup@fulchannel.net	***			***				
EMPLOYER NAME	BUSINESS ADDRESS			WORK PHONE				

NARRATIVE

While traveling on Claffin St. on Sunday mourning April 13th 2014 my vehicle struck a large pothole, which cause damage to my vehicle. I immediately went to the Police Station, who gave me these instructions. R.I. registration MM484

CITY CLERK
FALL RIVER, MA

2014 APR 17 A 9:44

RECEIVED



cc 19

RECEIVED

City of Fall River
Notice of Claim

2014 APR 22 A 9:17

CITY CLERK 14-148
FALL RIVER, MA

1. Claimant's name: John F. Gibney
2. Claimant's complete address: 669 Rock St. Fall River, MA 02720
3. Telephone number: Home: 508-678-6991 Work:
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Auto damage as a result of pot hole.
5. Date and time of accident: 4/14/14 8:10 AM Amount of damages claimed: \$ 406.19
6. Exact location of the incident: (include as much detail as possible):
High St in front of 531 High St. Fall River, MA
7. Circumstances of the incident: (attach additional pages if necessary):
I was driving north on High St., hit a pot hole and damaged a lower control arm and outer tie rod. 2005 Buick LeSabre. Plate (veteran) D 338
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: 4/22/14 Claimant's signature: John F. Gibney

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>4/22/14</u>



cc 19

RECEIVED

City of Fall River
Notice of Claim

2014 APR 22 A 10:19

CITY CLERK 14-149
FALL RIVER, MA

1. Claimant's name: Kathleen Marks
2. Claimant's complete address: 62 Hill St Fall River 02723
3. Telephone number: Home: 774-365-0881 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Auto damage from pothole
5. Date and time of accident: 4/17/14 @ 5:00 PM Amount of damages claimed: \$ 339.12
6. Exact location of the incident: (include as much detail as possible):
Anawan St just before CNO
7. Circumstances of the incident: (attach additional pages if necessary):
Driving to work at Taphouse. Attempting to park on Anawan when I hit a pothole that caused damage to front arm of drivers side front 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: 4-22-14

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.

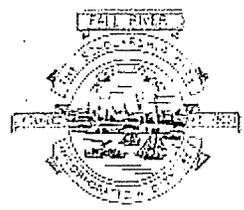
Return this from to : City Clerk, 2nd Fl., One Government Center, Fall River, MA 02722

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 type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPU	Date: <u>4/22/2014</u>

CC 19

#14-150



RECEIVED

2014 APR 22 A 11:16

City of Fall River
Notice of Claim

1. Claimant's name: Marilou Raposo
2. Claimant's complete address: 36 Deerfield Lane, Dartmouth, MA 02747
3. Telephone number: Home (508) 673-4229 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
pot hole - causing car damage.
5. Date and time of accident: 3/23/14 @ 9:00 PM Amount of damages claimed: \$ not sure yet as I will need an estimate
6. Exact location of the incident: (include as much detail as possible):
Harbor St & Center St
7. Circumstances of the incident: (attach additional pages if necessary): I was driving coming from detour off exit 5 (79/138). Huge pot hole - my car went into it - then with the huge bang & car out of control - car hit the orange barrel/marker - damaging my front bumper, broke my light, tire, has gauge in it, lost hubcap, & alignment is way off.
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: 4/14/14

Claimant's signature: Marilou Raposo

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

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

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

For official use only:	
Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>4/22/2014</u>



CC 19

RECEIVED

**City of Fall River
Notice of Claim**

2014 APR 22 P 12:19

CITY CLERK 14-151
FALL RIVER, MA

1. Claimant's name: Branden M. Rapoza
2. Claimant's complete address: 173 Smith ST. Fall River MA 02721
3. Telephone number: Home: 508 6783471 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Slip and fall on school yard.
5. Date and time of accident: _____ Amount of damages claimed: \$ _____
6. Exact location of the incident: (include as much detail as possible):
school playground. (William S. Greene Elementary)
7. Circumstances of the incident: (attach additional pages if necessary):
During morning recess. My son fell off monkey bars and attempted to break his fall and fell on his left arm, breaking his arm.

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
Navigator Tufts Health Plan P.O. Box 9185 Wintertown MA 02721-9185

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

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

Date: 3/18/14 Claimant's signature: Elizette Rapoza

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 checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> School	Date: <u>4/22/2014</u>
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City of Fall River
Notice of Claim

RECEIVED

2014 APR 22 P 12:19

CITY CLERK 14-152
FALL RIVER, MA

1. Claimant's name: Teresa Clements
2. Claimant's complete address: 507 Detroit St. Fall River MA 02721
3. Telephone number: Home: 401-662-5820 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Damage to tire and run (ditch) in road on Eastern Ave.
5. Date and time of accident: 3/26/14 @ 5:40pm Amount of damages claimed: \$ 443.57
6. Exact location of the incident: (include as much detail as possible):
Eastern Ave.
7. Circumstances of the incident: (attach additional pages if necessary):
Photos, police report, invoice bills attached, & emails
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: Yes No

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

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

Date: 3/26/2014 Claimant's signature: Teresa Clements

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>4/22/2014</u>



CC 19

RECEIVED

2014 APR 22 P 3: 32

City of Fall River
Notice of Claim

CITY CLERK 14-153
FALL RIVER, MA

1. Claimant's name: Jim Perry
2. Claimant's complete address: 19 E ST
3. Telephone number: Home: 253-9132 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
went over Pothole Damage front end
5. Date and time of accident: 2-19-2014 Amount of damages claimed: \$ _____
6. Exact location of the incident: (include as much detail as possible):
After Columbia ST Heading onto on Ramp to Highway
7. Circumstances of the incident: (attach additional pages if necessary):
2 Broken Hub caps front end Damage Taken To
Mechanic This week For estimate & cost had \$1268.00 2/13/2014
of front end work done Now making claim
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: 4/22/2014

Claimant's signature: James Perry

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.

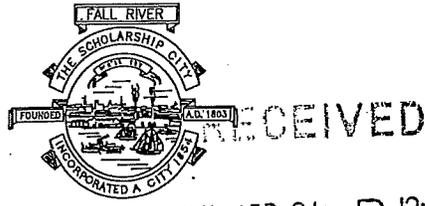
For official use only:	Copies forwarded to: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>DPW</u>					Date: <u>4/22/2014</u>
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Law Dept

508-324-2650

CC

19



City of Fall River Notice of Claim

2014 APR 24 P 12:43 RECEIVED

CITY CLERK FALL RIVER, MA 2014 APR 22 P 3:32 14-153 A CITY CLERK FALL RIVER, MA

1. Claimant's name: Jim Perry
2. Claimant's complete address: 19 E ST
3. Telephone number: Home: 253-9132 Work:

4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage): went over Pothole Damage Front End

5. Date and time of accident: 4-19-2014 Amount of damages claimed: \$

6. Exact location of the incident: (include as much detail as possible): After Columbia ST Heading onto on Ramp to Highway

7. Circumstances of the incident: (attach additional pages if necessary): 2 Broken Hubcaps Front End Damage Taken To Mechanic This Week For Estimate & JUST HAD \$1268.00 2/13/2014 OF FRONT END WORK DONE NOW MAKING CLANKING

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

GET front end damage 2 hubcaps vehicle check \$909.14 + \$15.00 + 17.26 + \$1.16 picture

\$942.56

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: 4/22/2014 Claimant's signature: James Perry

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 [] Law [] City Council [] City Administrator [] DPW Date: 4/14/14



RECEIVED

City of Fall River
Notice of Claim

2014 APR 23 A 9:08

CITY CLERK 14-154
FALL RIVER, MA

- 1. Claimant's name: Ashley Medeiros
- 2. Claimant's complete address: 124 Oliver St. #2 Fall River, MA 02724
- 3. Telephone number: Home: 508-490-6578 Work: 508-679-4197

4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Blew out front passenger tire on pothole & needed alignment!

5. Date and time of accident: 4/15/14 10am Amount of damages claimed: \$ \$289.47

6. Exact location of the incident: (include as much detail as possible):
Stafford Road in front of Maplewood park

7. Circumstances of the incident: (attach additional pages if necessary):
I was traveling North on Stafford Rd. at about 28 mph when my front passenger tire was almost completely engulfed by a pothole. I did not see it in time to avoid it. The impact took a chunk off the inside of the tire and

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: 4/23/14 Claimant's signature: Ashley Medeiros

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>4/23/14</u>

19



CC 19

RECEIVED

City of Fall River
Notice of Claim

2014 APR 23 P 1:46

CITY CLERK 14-155
FALL RIVER, MA

1. Claimant's name: LYNDA N. Ibbotson
2. Claimant's complete address: 453 Highland Rd., TIVERTON, RI 02878
3. Telephone number: Home: 401-624-2020 Work: Cell: 401-829-1523
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Hit a Pot Hole, and received a flat tire.
5. Date and time of accident: 4/4/14 11:00p.m. Amount of damages claimed: \$ 297.46
6. Exact location of the incident: (include as much detail as possible):
pothole is on Rhode Island Avenue at Onswell Street. *see picture attached*
7. Circumstances of the incident: (attach additional pages if necessary):
Driving South on RI Avenue at 11:00 at night and it was raining. I went into a pothole. Never saw it since it was filled with rain water. What a loud bang! My tire went flat and I needed the front end aligned, also.
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: 4/22/14 Claimant's signature: Lynnda N. Ibbotson

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>DOW</u>	Date: <u>4/23/14</u>

** See over

CC 19



City of Fall River
Notice of Claim

RECEIVED

2014 APR 24 P 4: 09

CITY CLERK 14-156
FALL RIVER, MA

- 1. Claimant's name: Anna Silvera
- 2. Claimant's complete address: 82 Sullivan Way
- 3. Telephone number: Home: 774-201-1196 Work: 508-999-5666 ext 2152
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):

5. Date and time of accident: 4-17-14 Amount of damages claimed: \$ 139.19

6. Exact location of the incident: (include as much detail as possible):
Quarry st side of DCG PARK Fall River, MA

7. Circumstances of the incident: (attach additional pages if necessary):
DRIVING ON Quarry st Fall River did see potholes but a car on opposite direction was coming I couldn't drive away from pot hole had to replace a new tire I just bought my car 1 month prior so the tire is brand new.

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: 4-17-14 Claimant's signature: Anna Silvera

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>4/25/14</u>



CC 19

RECEIVED

2014 APR 25 A 9:04

City of Fall River
Notice of Claim

CITY CLERK 14-157
FALL RIVER, MA

1. Claimant's name: Patrick Chaves
2. Claimant's complete address: 189 Hudson st
3. Telephone number: Home: 508 6747496 Work: 508 6742400
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
pot hole damaged rim
5. Date and time of accident: 04/05/2014 Amount of damages claimed: \$ 160.00
6. Exact location of the incident: (include as much detail as possible):
president ave the bottom
7. Circumstances of the incident: (attach additional pages if necessary):
I was driving home from work around 9:30pm and I hit a pot hole which gave me a flat tire and damaged my rim beyond 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

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: 04/25/14

Claimant's signature: Patrick Chaves

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 checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>4/25/14</u>



cc 19

RECEIVED

City of Fall River
Notice of Claim

2014 APR 25 A 10: 52

1. Claimant's name: RHODA KRASNOGAY CITY CLERK 14 + 15
FALL RIVER, MA
2. Claimant's complete address: 1556 NORTH MAIN ST, FALL RIVER, MASS.
3. Telephone number: Home: (608) 679-0894 Work: RETIRED
4. Nature of claim: (e.g., auto accident, slip and fall on a public way or property damage):
Property (Car) damaged
5. Date and time of accident: 4/7/14 630 AM Amount of damages claimed: \$ 99,99
6. Exact location of the incident: (include as much detail as possible):
Second Street - about two blocks from 4th Street
7. Circumstances of the incident: (attach additional pages if necessary):
I was driving along second street and hit a pothole.

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: 4/17/2014 Claimant's signature: Rhoda Krasnogay

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"/> Law	<input checked="" type="checkbox"/> City Council
<input checked="" type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW
Date: <u>4/25/14</u>	

SABER-ASSAD AND ASSAD

Attorneys at Law

APRIL L. SABER-ASSAD
DAVID M. ASSAD

cc 19

RECEIVED

326 PINE STREET
P.O. BOX 2679
FALL RIVER, MA 02722
TELEPHONE: (508) 674-3444
FAX: (508) 674-3531

2014 APR 25 P 3: 57

14-159

CITY CLERK
April 25, 2014 FALL RIVER, MA

City of Fall River
One Government Center
Fall River, MA 02720

Attention: City Clerk

NOTICE PURSUANT TO M.G.L. CHAPTER 84 SECTION 18

Pursuant to Massachusetts General Laws chapter 84 section 18, notice is hereby given to the City Clerk of the City of Fall River, Commonwealth of Massachusetts of a personal injury.

Name of Person Injured: David M. Assad

Place of Residence of Person Injured: 368 Dunbar Street, Fall River, MA 02723

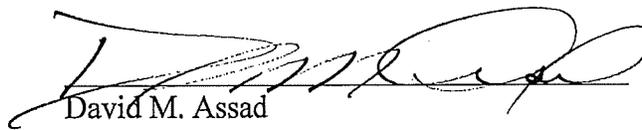
Time of injury: Friday, April 25, 2014 @ 12:05 PM

Place of Injury: In front of 836 New Boston Road, Fall River, MA: In the west bound travel lane of New Boston Road

Cause of Injury: Pothole; defect in the roadway; roadway in want of repair; negligent maintenance of the public way

Damage: Ruined tire, to wit: P205/5516 91T, General Altimax RT 43: replacement cost ONE HUNDRED THIRTY-EIGHT AND 63/100 DOLLARS (\$138.63). A copy of Invoice W-290723 dated April 25, 2014 from Henry's Tire Services, 714 Globe Street, Fall River, MA is annexed hereto and incorporated by reference herein.

Submitted this 25th day of April, 2014.



David M. Assad
368 Dunbar Street
Fall River, MA 02720



cc 19

RECEIVED

2014 APR 28 P 12: 28 City of Fall River
Notice of Claim

#14-160

1. Claimant's name: CITY CLERK CHRISTIN SOARES
2. Claimant's complete address: 289 Adelaide St. Fall River 02721
3. Telephone number: Home: 508 672 0608 Work: 508 491 7868
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
having to replace all four tires due to a pothole
5. Date and time of accident: 04/26 2am Amount of damages claimed: \$ 735
6. Exact location of the incident: (include as much detail as possible):
Stafford road fall river, on side of liberty bakery
7. Circumstances of the incident: (attach additional pages if necessary):
popped two tires and because I have an all wheel drive I had to get four 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 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: 4/28/14 Claimant's signature: Christin 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: <input checked="" type="checkbox"/> City Clerk <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>4/28/14</u>



City of Fall River
Notice of Claim

RECEIVED

2014 APR 29 A 10:58

CITY CLERK 14-161
FALL RIVER, MA

cc 19

1. Claimant's name: DEBORAH S. PARENT
2. Claimant's complete address: 40 FOOTE STR
3. Telephone number: Home: 5086744071 Work: 4017830830
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
POTHOLE DAMAGED TIRE
5. Date and time of accident: 4-4-14 7pm Amount of damages claimed: \$ 227.42
6. Exact location of the incident; (include as much detail as possible):
corner of bay str & globe str
7. Circumstances of the incident: (attach additional pages if necessary):
pavement washed out from around manhole cover
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: 4-25-14 Claimant's signature: Deborah S Parent

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>4/29/15</u>



CC 19

RECEIVED

2014 APR 29 A 10:58

City of Fall River
Notice of Claim

CITY CLERK 14-162
FALL RIVER, MA

1. Claimant's name: Robert Cabral / Michelle Cabral
2. Claimant's complete address: 5 Avon St. Seekonk MA 02771
3. Telephone number: Home: 774-208-2744 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
pot hole damage to Right Pass TIRE + SHOCK
5. Date and time of accident: 4/7/14 @ 4pm Amount of damages claimed: \$ 310.30
6. Exact location of the incident: (include as much detail as possible):
199 Nashua Street Area
7. Circumstances of the incident: (attach additional pages if necessary):
unavoidable Pothole with traffic pattern + flow of traffic bus coming down street
Hole looks like utility work done + filled w/ gravel has deteriorated
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: 4/17/2014

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 type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>DPA</u>	Date: <u>4/29/14</u>



CC 19

RECEIVED

**City of Fall River
Notice of Claim**

2014 APR 29 P 2:34

1. Claimant's name: Francisco Dasilva CITY CLERK 14-163
FALL RIVER, MA
2. Claimant's complete address: 54 North Rockliffe St. apt 205
3. Telephone number: Home: 774-955-9734 Work: 508-674-7667
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
pothole damage (Rim)
5. Date and time of accident: 4/27/14 Amount of damages claimed: \$ 389.00
6. Exact location of the incident: (include as much detail as possible):
Central Street, across from heritage heights
7. Circumstances of the incident: (attach additional pages if necessary):
Pothole dented the rim of passenger and ^{back} rare tire (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: 4-28-14

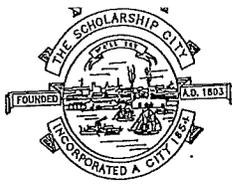
Claimant's signature: Francisco Dasilva

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

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>4/29/14</u>



RECEIVED

cc 19

City of Fall River
Notice of Claim

2014 APR 29 P 3:07

CITY CLERK 14-164
FALL RIVER, MA

1. Claimant's name: Rosa E. Fernandes
2. Claimant's complete address: 34 Forreard St. Sotomaset. MASS. 02726
3. Telephone number: Home: 508-493-9548 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):

5. Date and time of accident: 4/27/14 Amount of damages claimed: \$ 514.12

6. Exact location of the incident: (include as much detail as possible):
Entrance to 95 North before the bridge "BRAGA, BRUGGE" after, Columbia St.

7. Circumstances of the incident: (attach additional pages if necessary):
Hit a pot hole on the road Instructions on Back of page

See Reverse

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: 4/29/14

Claimant's signature: Rosa E. Fernandes

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 _____ Date: _____



CC 19

RECEIVED

City of Fall River
Notice of Claim

2014 APR 30 P 4: 22

CITY CLERK 14-165
FALL RIVER, MA

1. Claimant's name: Kyle Borges
2. Claimant's complete address: 1231 Wilbur Ave, Somerset MA 0272
3. Telephone number: Home: (508) 916-8194 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Damage to vehicle due to neglected Roadways
5. Date and time of accident: 3-16-14 Amount of damages claimed: \$351.86
6:30 PM
6. Exact location of the incident: (include as much detail as possible):
Midway down Copicut Road in Fall River
7. Circumstances of the incident: (attach additional pages if necessary):
I, Kyle Borges traveling down Copicut Rd as alert and responsible driver came in confrontation with numerous road obstacles and pot holes nearly spanning the entire roadway (paved) [Cont. on Rear ->]
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: 4-27-14

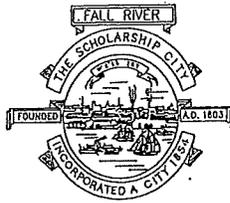
Claimant's signature: [Signature]

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"/> DPW
Date:	<u>5/1/2014</u>



cc 19

RECEIVED

City of Fall River
Notice of Claim

2014 MAY -1 A 9:54

1. Claimant's name: Kenneth J Power CITY CLERK 14-166
2. Claimant's complete address: 383 Buffinton St. Fall River MA 02721 FALL RIVER, MA
3. Telephone number: Home: 508-567-3361 Work: 508-933-1100
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Pothole (via) Motorcycle
5. Date and time of accident: 4-19-2014 Amount of damages claimed: \$ 500.00
6. Exact location of the incident: (include as much detail as possible):
Rhode Island Ave / Orswell St
7. Circumstances of the incident: (attach additional pages if necessary):
I WAS TRAVELING SOUTH ON Rhode Island Ave when I hit a pothole and bent my Motorcycle Rims and flattened my 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
Progressive Direct 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: 5-1-2014 Claimant's signature: Kenneth J Power

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 checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> City Council <input checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> <u>Dew</u>	Date: <u>5/1/14</u>



cc 19

RECEIVED

City of Fall River
Notice of Claim

2014 MAY -2 A 10: 25

CITY CLERK 14-167
FALL RIVER, MA

1. Claimant's name: Jason Campbell
2. Claimant's complete address: 589 Detroit St Fall River, MA 02721
3. Telephone number: Home: 508 622 6060 Work: 508 415 7701
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Pothole
5. Date and time of accident: 4/15/14 1:30pm Amount of damages claimed: \$ 130.20
6. Exact location of the incident: (include as much detail as possible):
Intersection of Rhode Island Ave & Orswell St.
7. Circumstances of the incident: (attach additional pages if necessary):
I hit a pothole that dented my rim and put a hole in the tire. It was raining out.
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: 5/2/2014 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:	<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>5/2/14</u>
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RECEIVED

14-168

2014 MAY -2 P 4: 39

City of Fall River
Notice of Claim

1. Claimant's name: Michael M. Ferreira
2. Claimant's complete address: 43 Oak Street Fall River MA 02720
3. Telephone number: Home: 774 930 9074 Work: Same
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
third and Sullivan Dr
5. Date and time of accident: 4-1-2014 Amount of damages claimed: \$ 239.06
6. Exact location of the incident: (include as much detail as possible):

7. Circumstances of the incident: (attach additional pages if necessary):
pot hole sewer cap hit 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: 4/29/14

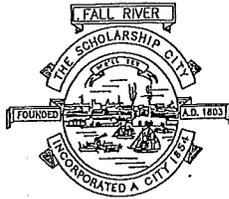
Claimant's signature: [Signature]

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>5/5/14</u>
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"/> DCM	



RECEIVED

City of Fall River
Notice of Claim

2014 MAY -5 A 9:35

CITY CLERK 14-169
FALL RIVER, MA

1. Claimant's name: RAMON D. BERRIER
2. Claimant's complete address: 842 COUNTY ST., FALL RIVER, MA 02723-3217
3. Telephone number: Home: (508) 672-9729 Work: RETIRED
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
FELL A POT HOLE ON EASTERN AVE, IN FALL RIVER
5. Date and time of accident: 4/26/2014 7:00 PM Amount of damages claimed: \$ 202.93
6. Exact location of the incident: (include as much detail as possible):
NORM BOUND ON EASTERN AVE, FALL RIVER MA @ 696 EASTERN AVE.
7. Circumstances of the incident: (attach additional pages if necessary):
I WAS FOLLOWING A CAR NORTH BOUND ON EASTERN AVE. THAT CAR PASSED OVER THE POT HOLE. I DIDNT SEE IT IN TIME TO AVOID IT. THIS POT HOLE WAS REPORTED TO THE PUBLIC WORKS DEPT. (POT HOLES). THE POT HOLE CAUSED A HOLE IN THE SIDE OF THE TIRE.
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: Yes No

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

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

Date: 4/30/2014

Claimant's signature: Ramon Berrier

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:	<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"/> DCM	Date: <u>5/5/14</u>
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RECEIVED

City of Fall River
Notice of Claim

2014 MAY -5 A 11: 32

CITY CLERK 14-170
FALL RIVER, MA

1. Claimant's name: Susan Heroux
2. Claimant's complete address: 101 Baker St Fall River Ma 02721
3. Telephone number: Home: 508 933 9686 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Blow out on two tires
5. Date and time of accident: 4-13-14 2P Amount of damages claimed: \$ 80.00
6. Exact location of the incident: (include as much detail as possible):
Rodman St, Close to Warren Ave
7. Circumstances of the incident: (attach additional pages if necessary):
Hit a pot hole and then another and
blew out two 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: 4-30-14

Claimant's signature: Susan Heroux

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>5/5/2014</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"/> <u>Jan</u>	

CC



RECEIVED

City of Fall River
Notice of Claim

2014 MAY -5 A 11: 33

CITY CLERK 14-171
FALL RIVER, MA

1. Claimant's name: David J. Newell
2. Claimant's complete address: 17 Larkin St. Wakefield, MA 02879
3. Telephone number: Home: 401.265.5305 Work: 401.265-5305
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: wed. 4/23/14 5pm Amount of damages claimed: \$ 424.72
6. Exact location of the incident: (include as much detail as possible):
RT 24 on Ramp From 195 Westbound
7. Circumstances of the incident: (attach additional pages if necessary):
Traffic congestion prevented Avoidance of a very large pot Hole At the beginning of 24s on Ramp From 195 westbound.
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: 5-1-14

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 Don

Date: 5/1/2014



cc 19

RECEIVED

**City of Fall River
Notice of Claim**

2014 MAY -5 P 12:29

CITY CLERK 14-172
FALL RIVER, MA

1. Claimant's name: MICHAEL A. COTE
 2. Claimant's complete address: 202 EAST MAIN ST. FALL RIVER, MA. 02724
 3. Telephone number: Home: (774) 365-2370 Work: _____
 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
property damage to my vehicle
 5. Date and time of accident: 03 APR 2014 Amount of damages claimed: \$ 289.38
 6. Exact location of the incident: (include as much detail as possible):
bedford ST. ENTRANCE to bridge / corner of South Main & Columbia ST
FALL RIVER.
 7. Circumstances of the incident: (attach additional pages if necessary):
pot holes damaged my front end of my van.
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: 05 may 2014 Claimant's signature: Michael A. Cote

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>5/5/14</u>
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cc



RECEIVED

City of Fall River
Notice of Claim

2014 MAY -5 P 2:09
14-173

1. Claimant's name: Michael Tetrault
2. Claimant's complete address: 43 Mason Ave, Somerset, MA 02743
3. Telephone number: Home: 508-507-1571 Work: 508-676-8511
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Damage from road defect
5. Date and time of accident: 4/23/14 10:45AM Amount of damages claimed: \$ 994.50
6. Exact location of the incident: (include as much detail as possible):
Cambridge St. + Lapham St.
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: 5/1/14

Claimant's signature: Michael Tetrault

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: 5/3/14



RECEIVED

City of Fall River
Notice of Claim

2014 MAY -6 P 2:13

CITY CLERK #174
FALL RIVER, MA

1. Claimant's name: Alan E Meehan
2. Claimant's complete address: 1170 Wilson Rd
3. Telephone number: Home: 774-365-8398 Work: 401 841-4323
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
pot hole damage from car.
5. Date and time of accident: 4/7/2014 Amount of damages claimed: \$ _____
6. Exact location of the incident: (include as much detail as possible):
pot hole in front of 439 Wilson Rd Fall River MA
7. Circumstances of the incident: (attach additional pages if necessary):
Both passenger side fire blow and rims 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.

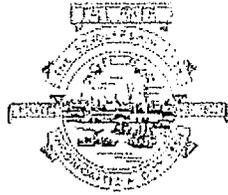
Date: 5/6/2014 Claimant's signature: [Signature]

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	Date: _____



RECEIVED

City of Fall River
Notice of Claim

2014 MAY -6 A 10: 51

CITY CLERK 14-175
FALL RIVER, MA

1. Claimant's name: Layla R. Leger
2. Claimant's complete address: 1170 Wilson Road Unit 13
3. Telephone number: Home: 774 365 3333 Work: 508 674-6100
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
New Tire Have Bubble due to pot holes
5. Date and time of accident: April 15, 2014 Amount of damages claimed: \$ 244.⁸²
6. Exact location of the incident: (include as much detail as possible):
Particularly Pot holes on Wilson Road and Dival Street and President Ave
7. Circumstances of the incident: (attach additional pages if necessary):
April 14 is when I noticed the Bubble on the tire around town there have been huge unavoidable pot holes that have caused damage to my front tires that are 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 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: May 1, 2014

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>5-6-14</u>
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>



City of Fall River
Notice of Claim

RECEIVED

2014 MAY -6 A 10: 51

CITY CLERK 14-176
FALL RIVER, MA

1. Claimant's name: Michael DaFonseca
2. Claimant's complete address: 1592 County Street Somerset, MA 02726
3. Telephone number: Home: 774-627-5356 Work: _____
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: 9pm 4/30/14 Amount of damages claimed: \$ 1363.44
6. Exact location of the incident: (include as much detail as possible):
Central Street Fall River. right before light on right side if facing Battleship
7. Circumstances of the incident: (attach additional pages if necessary):
Driving at night, due to poor street lighting and rain, I hit a pothole that wasn't seen causing a bubble in my passenger tire as well as a large dent in the ally wheel I paid firestone to check damage. they said it needed a rim, tire, Ball Joint and Align.
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 Sec Attached

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: 5/1/14 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"/> DPW	Date: <u>5/6/14</u>



Conrad
19

**City of Fall River
Notice of Claim**

RECEIVED

1. Claimant's name: Evelyn B. L. Cochran FALL RIVER, MA
2. Claimant's complete address: 591 South Beach St - 14-177 FALL RIVER, MA
3. Telephone number: Home: 774-481-3071 Work: Same
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
the accident fall happen on South Beach St I was getting
5. Date and time of accident: 3-11-14 Amount of damages claimed: \$ around 3:30 PM
6. Exact location of the incident: (include as much detail as possible):
my package from the food store I heard someone running
7. Circumstances of the incident: (attach additional pages if necessary):
up behind me I turn to my right and fell (OR) and fell into a large pothole. I call my home phone and my Brother in law come out to help me up and helping me to my house I went into,
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: 4/3/14

Claimant's signature: Evelyn B. L. Cochran

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: 5-6-14



AA Second # #
RECEIVED
Request
2014 MAY -6 A 10:51

City of Fall River
Notice of Claim

CITY CLERK 14-178
FALL RIVER, MA

1. Claimant's name: Barbara J. FLYNN
2. Claimant's complete address: 76 Detroit ST. F.R. Ma. 02721
3. Telephone number: Home: 5086798594 Work: 781.884.4304
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
property damage on public way - pot hole
5. Date and time of accident: 3/25/2014 6:10 AM Amount of damages claimed: \$ \$135.00
6. Exact location of the incident: (include as much detail as possible):
Easter Ave - right after Medeiros Bakery
7. Circumstances of the incident: (attach additional pages if necessary):
driving below speed limit in a St. Known to be a mess so I was aware to be on look out for the pot holes - it was NOT sun rise yet - hit a pot hole & had a blow out. Called AAA wanted for Dues to open
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: 5.4.14

Claimant's signature: Barbara Flynn

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>5-6-14</u>
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



RECEIVED

City of Fall River
Notice of Claim

2014 MAY -6 A 10: 51

CITY CLERK 14-179
FALL RIVER, MA

1. Claimant's name: Barbara Flynn
2. Claimant's complete address: 96 Detroit St. F.R. MA 02724
3. Telephone number: Home: 508-679-8597 Work: 781-884-4304
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
property damage on public way
5. Date and time of accident: 6:00 AM 4.12.14 Amount of damages claimed: \$ \$ 374.81
6. Exact location of the incident: (include as much detail as possible):
Jefferson St - Wall Mart Area
7. Circumstances of the incident: (attach additional pages if necessary):
On way to work - still dark out. I hit a big pot hole - the road was a mess. Immediate flat - called AAA - was told rim & tire destroyed. They put on spare - won't wait for dallas. Tim to spare - no rim / had to wait until rim arrived
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: 5.4.14

Claimant's signature: Barbara Flynn

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: 5-6-14

Council
19



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City of Fall River
Notice of Claim

2014 MAY -7 A 11: 19

CITY CLERK 14-180
FALL RIVER, MA

1. Claimant's name: VICTOR DASILVA
2. Claimant's complete address: 57 SILLIAN WAY WESTPORT MA 02780
3. Telephone number: Home: 774-264-0065 Work: SAME
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: 4-18-14 Amount of damages claimed: \$ _____
6. Exact location of the incident: (include as much detail as possible):
755 PLYMOUTH AVENUE FALL RIVER
7. Circumstances of the incident: (attach additional pages if necessary):
CONSTRUCTION IS BEING DONE ON PLYMOUTH AVENUE
A SIGNAL LIGHT FELL ON MY PROPERTY CAUSING
DAMAGE TO CEMENT STEPS AND RAILING. THIS ACCIDENT
HNS BEEN REPORTED TO CITY BY THE PERSON IN CHARGE.
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: 5-7-14 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 Engineering / Date: 5-7-14

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Council
19



RECEIVED

2014 MAY -7 A 11:51

City of Fall River
Notice of Claim

CITY CLERK 14-181

1. Claimant's name: MARUSET COSTA
2. Claimant's complete address: 81 Pelham St
3. Telephone number: Home: 508-678-8127 Work: None
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Just Real Cost Rett Teen
5. Date and time of accident: 4-26-14 ^{11:20 AM} Amount of damages claimed: \$ 52.00
6. Exact location of the incident: (include as much detail as possible):
Access of 1130 Stafford Road FALL RIVER
7. Circumstances of the incident: (attach additional pages if necessary):
[Crossed out]

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: 5-7-14

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: MAY - 7 2014



RECEIVED

City of Fall River
Notice of Claim

2014 MAY -7 A 11: 43

CITY CLERK 14-182
FALL RIVER, MA

- 1. Claimant's name: Jaseline Camacho
- 2. Claimant's complete address: 220 Johnson St Apt 12A
- 3. Telephone number: Home: 974-271-4656 Work: _____
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage): _____

5. Date and time of accident: 4-14-14 Amount of damages claimed: \$ 700.00

6. Exact location of the incident: (include as much detail as possible):
Quarry St. Near Bedding Place

7. Circumstances of the incident: (attach additional pages if necessary):
Coming from Walmart took Quarry St. it was about 6 to 7 pm going to my house ~~that was~~ when I felt in a hole on Quarry since that time your car is been undriveble

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: 5-7-14

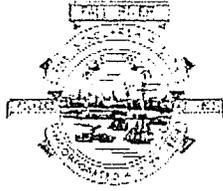
Claimant's signature: Jaseline Camacho

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 checked="" type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> <u>DRW</u>	Date: <u>MAY - 7 2014</u>



cc 19

RECEIVED

City of Fall River
Notice of Claim

2014 MAY -8 A 10:15

CITY CLERK 14-183
FALL RIVER, MA

1. Claimant's name: Clifford Fiola

2. Claimant's complete address: 15 Nutton St. FR 02720

3. Telephone number: Home: 7745264237 Work: _____

4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Property Damage (Auto)

5. Date and time of accident: 3-15-14 Amount of damages claimed: \$ 805.-
8pm approx

6. Exact location of the incident: (include as much detail as possible):
295 New Boston Rd, Right side potholes
Near McDonalds office

7. Circumstances of the incident: (attach additional pages if necessary):
Dark could not see potholes
(several) when rocks shot up
made hole in AC unit.
It needed to be replaced

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
Windsor Rd #341 - We paid \$464.08

ATTACHMENTS

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: 5-8-14 Claimant's signature: Clifford F Fiola

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 ASPW Date: 5/8/14

CC

19



RECEIVED

City of Fall River
Notice of Claim

2014 MAY -8 P 3:12

CITY CLERK 14-184
FALL RIVER, MA

1. Claimant's name: Quang Phuang
2. Claimant's complete address: 1236 Pleasant St. Fall River, MA 02723
3. Telephone number: Home: 545-301-2486 Work: 508-673-8832
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
property damage, broken door
5. Date and time of accident: 4/16/14 8PM Amount of damages claimed: \$ 451.73
6. Exact location of the incident: (include as much detail as possible):
Women's Restroom
7. Circumstances of the incident: (attach additional pages if necessary):
Woman came into the restaurant and asked to use the restroom. After several minutes, we knocked on the restroom door to check and she said she needed more time. After an hour, she no longer replied. The police were called. Officer broke open the door to find the woman unconscious from substance use.
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: 5-8-2014

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 Police Date: 5/8/14

Christopher J. Rigby

546 Plymouth Ave.

Fall River, MA 02721

March 26, 2014

22

RECEIVED

2014 APR 29 P 3:54

CITY CLERK _____
FALL RIVER, MA

Re: Violation of Noise Ordinance (Nasiff Fruit Company, 538 Plymouth Avenue, Fall River)

Dear City Council:

According to City Ordinance Ch.46 Offenses, Sec.46-7 Noise:

- a) All noises that menace the health or interrupt or disturb sleep of residents of the City between the hours of 10:00 pm and 7:00 am on weekdays and 10:00 pm and 8:00 am on Sundays are hereby prohibited .
- b) Without limiting the generality of subsection (a) of this section, it is intended by this section that the following noises are prohibited: those caused by trucks, the loading or unloading of trucks, all types of mechanical devices, including lawn mowers and animals and birds.

As reasons therefore for petitioning the City Council for restrictions of hours of operation concerning the business of Nasiff Fruit Company, this formal petition is written.

Every day between the hours of 10:00pm and 7:00 am there is the loading, unloading and running of trucks. Mechanical devices such as, refrigeration trailers and containers are constantly running. Other such noise violations are the running of hand trucks and/or forklifts and the yelling of employees using vulgar language.

Although numerous calls have been made to the Fall River Police Department, Councilman Raymond Mitchell, The Chief of Police, Sargeant Rebello and City Hall, nothing has been resolved. In spite of Councilman Mitchell's visit to speak to the owner of Nasiff Fruit, Steve Nasiff, on March 24, 2014 regarding these violations; that very night between the hours of 10:00 pm and 7:00 am trucks were running, loading and unloading with no regard to the Councilman's visit, the City Ordinance or the citizens of our city.

As reasons therefore, we are asking for a restriction of business hours which exclude operation of said business between 10:00 pm and 7:00 am on weekdays and 10:00 pm and 8:00 am on Sundays.

Sincerely

Christopher J. Rigby

Signatures

Cory Helge 546 Plymouth Ave
Dean Helge 546 Plymouth Ave
Christopher J. Rigby 546 Plymouth Ave

MILE VIVEIROS
512 PLYMOUTH AVE

CITY OF FALL RIVER
OFFICE OF THE CITY CLERK

To the City Council: **RECEIVED**

Application for permit to place or maintain a structure or device on or over a public way.

2014 MAY -5 P 2:43

Name of Applicant: CARLOS COSAR

CITY CLERK

Name of Business (if applicable): FLINT NEIGHBORHOOD ASSOCIATION

Address: 112 FLINT ST. FALL RIVER MA
Street City State

Phone: 774 526 2221

Type of structure or device: BANNER

Description (include dimensions): 32x4

Location: PLEASANT STREET

Dates: JULY 1ST TO JULY 28TH.

The applicant agrees to maintain this structure or device in accordance with the requirements of the Building Inspector and the City Council and that this permit may be revoked at the pleasure of the City Council.

Signature of Applicant [Signature]

Date 4/28/14

1. (approve) the issuance of this permit.
 (disapprove)

[Signature]
Building Inspector Date 5/5/14

2. In City Council, _____
Date

Permit (approved)
(disapproved)

Alison M. Bouchard
City Clerk

OFFICE USE ONLY
 Fee Paid