

City of Fall River Massachusetts
Office of the City Clerk

RECEIVED

2015 MAY 21 P 1:26

CITY CLERK _____
FALL RIVER, MA

MAY 21, 2015

ALISON M. BOUCHARD
CITY CLERK

MEETINGS SCHEDULED FOR NEXT WEEK
CITY COUNCIL CHAMBER

INÊS LEITE
ASSISTANT CITY CLERK

TUESDAY, MAY 26, 2015

6:00 P.M. COMMITTEE ON FINANCE

1. *Transfers and appropriations (see item #1 below)
2. Discussion of loan order re Phase 15 of the Water Improvement Projects

AGENDA

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

PRIORITY MATTERS

1. *Transfers and appropriations (see #1 Finance)

PRIORITY COMMUNICATIONS

2. *Senator Michael J. Rodrigues re ability to rescind adoption of M.G.L., Ch.40, Sec. 22F

COMMITTEE REPORTS - None

ORDINANCES

Second Reading and Enrollment, as amended:

3. *Proposed ordinance – Traffic, misc.
4. *Proposed ordinance – amend solid waste fees
5. *Proposed ordinance – amend solid waste fees (official city bag)
6. *Proposed ordinance – structures projecting on/over public way

RESOLUTIONS – None

CITATIONS

7. Girl Scouts of Southeastern New England, Troop #1046 – Community Service

ORDERS – HEARINGS FOR TONIGHT

Auto body shop license:

8. Carla S. Demedeiros, 48 Barclay Street d/b/a C & J Autobody located at 2238 South Main Street

ORDERS – HEARINGS TO BE SCHEDULED – None

ORDERS – NO HEARING REQUIRED – None

ORDERS – MISCELLANEOUS

9. Police Chief's report on licenses
10. Auto repair shop renewals

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

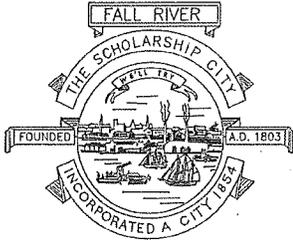
COMMUNICATIONS – INVITATIONS – PETITIONS

11. *Claims

BULLETINS – NEWSLETTERS – NOTICES

12. Notice of Casualty/Loss to building – 238 Hawthorne Street
13. DEP re Phase 4 Final Closure Project

Alison M. Bouchard
City Clerk



City of Fall River
Massachusetts
Office of the Mayor

C. SAMUEL SUTTER
Mayor

May 20, 2015

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

Dear Honorable Council Members:

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

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

1. \$25,786 That the sum of \$25,786 be, and the same is, hereby appropriated for the DURFEE HIGH SCHOOL CAPITAL REPAIRS PROJECT from the DORAN SCHOOL CHILLER CAPITAL PROJECT
- \$22,172 That the sum of \$22,172 be, and the same is, hereby appropriated for the INSURANCE RECOVERY FUND CAPITAL EXPENDITURES from the INSURANCE RECOVERY REVENUES
- \$200,000 That the sum of \$200,000 be, and the same is, hereby appropriated for the SANITATION FUND EXPENDITURES from the SANITATION FUND RETAINED EARNINGS

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

Sincerely,


C. Samuel Sutter
Mayor

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2015 MAY 20 P 3:09
CITY CLERK
FALL RIVER, MA

City of Fall River, In City Council

May 26, 2015

1

**That the sum of \$25,786 be, and the same is, hereby appropriated for the
DURFEE HIGH SCHOOL CAPITAL REPAIRS PROJECT from the
DORAN SCHOOL CHILLER CAPITAL PROJECT**

City of Fall River, In City Council

May 26, 2015

2

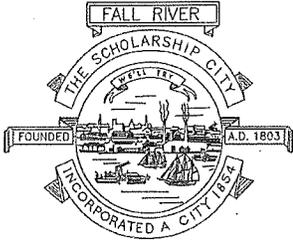
**That the sum of \$22,172 be, and the same is, hereby appropriated for the
INSURANCE RECOVERY FUND CAPITAL EXPENDITURES from the
INSURANCE RECOVERY REVENUES**

City of Fall River, In City Council

May 26, 2015

3

**That the sum of \$200,000 be, and the same is, hereby appropriated for the
SANITATION FUND EXPENDITURES from the SANITATION FUND
RETAINED EARNINGS**



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

C. SAMUEL SUTTER
Mayor

May 20, 2015

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

Dear Honorable Councilors:

It is requested that a transfer of funds in the amount of \$25,786.00 be made within the Department of Public Works. The leftover funds from the Doran School chiller project (5322), which is now complete, would be repurposed for internal street repair work at the BMC Durfee High School which needs attention.

Your approval is respectfully requested.

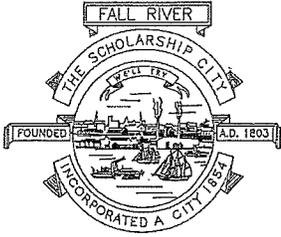
Sincerely,

C. Samuel Sutter
Mayor

CITY CLERK
FALL RIVER, MA

2015 MAY 20 P 3:09

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City of Fall River Massachusetts

Department of Community Maintenance

CEMETERIES • MUNICIPAL BUILDINGS • PARKS • SANITATION • ENGINEERING
STREETS & HIGHWAYS • TRAFFIC & PARKING • VEHICLES

C. SAMUEL SUTTER
Mayor

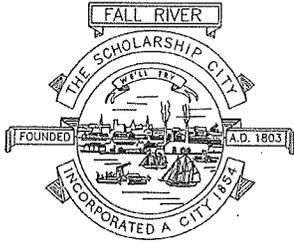
KENNETH C. PACHECO
Director

Honorable City Council
1 Government Center
Fall River, MA 02722

RECEIVED
2015 MAY 20 P 3:09
CITY CLERK
FALL RIVER, MA

This letter is a request through the Mayor to the City Council to use leftover funds from the Doran school chiller project (5322) which is now complete. We have internal street repair work at Durfee High School which needs some attention. There is \$25,786 which can be repurposed for this additional project.

Ken Pacheco,
Director of Community Maintenance



City of Fall River
Massachusetts
Office of the Mayor

C. SAMUEL SUTTER
Mayor

May 20, 2015

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

Dear Honorable Councilors:

It is requested that a transfer of funds in the amount of \$22,172.00 be made within the EMS Division Budget from the Insurance Recovery account. These funds were received as part of an insurance claim for the total loss of a Zoll EKG Monitor.

Your approval is respectfully requested.

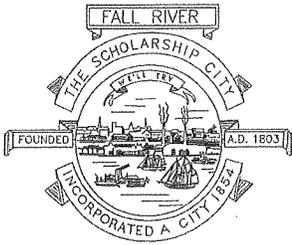
Sincerely,


C. Samuel Sutter
Mayor

CITY CLERK
FALL RIVER, MA

2015 MAY 20 P 3:09

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

C. SAMUEL SUTTER
Mayor

ROBERT J. VIVEIROS
Fire Chief

May 19, 2015

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

Dear Mayor Sutter:

I respectfully request the transfer of funds in the amount of \$22,172.00 be made within the EMS Division Budget. These funds were received as part of an insurance claim for the total loss of a Zoll EKG Monitor.

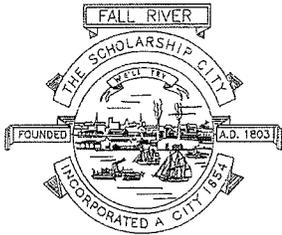
Sincerely,

Robert J. Viveiros
Fire Chief

CITY CLERK
FALL RIVER, MA

2015 MAY 20 P 3:09

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**City of Fall River
Massachusetts**
Department of Community Maintenance
CEMETERIES • MUNICIPAL BUILDINGS • PARKS • SANITATION • ENGINEERING
STREETS & HIGHWAYS • TRAFFIC & PARKING • VEHICLES

C. SAMUEL SUTTER
Mayor

KENNETH C. PACHECO
Director

May 20, 2015

Honorable C. Samuel Sutter
Mayor of the City of Fall River
One Government Center
Fall River, MA 02722

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2015 MAY 20 P 3:09
CITY CLERK
FALL RIVER, MA

Dear Mayor Sutter:

Your approval is hereby requested for the transfer of \$200,000.00 from Retained Earnings to the Sanitation expense account.

Sincerely,

Kenneth C. Pacheco
Director of Community Maintenance

FY 15 Appropriation/Transfer Number Analysis #8

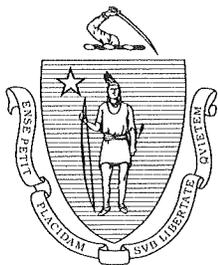
Line	Original/Revised	Appropriation	Amount Transferred	New Appropriation
Doran School Chiller Capital Project	\$	25,786	\$(25,786)	\$ -
Durfee High School Capital Repairs Project	\$	-	\$ 25,786	\$ 25,786
Insurance Recovery Fund Capital Expenditures (From Insurance Recovery Revenues)	\$	-	\$ 22,172	\$ 22,172
Sanitation Fund Expenditures	\$	2,683,938	\$ 200,000	\$ 2,883,938
Sanitation Fund Retained Earnings (FY 14)	\$	212,422	\$(200,000)	\$ 12,422

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



Krishan Gupta, City Auditor
5/20/2015

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CITY CLERK
FALL RIVER, MA



The Commonwealth of Massachusetts

MASSACHUSETTS SENATE

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2015 MAY 11 A 10:54

CITY CLERK
FALL RIVER, MA

DISTRICT OFFICES
ONE GOVERNMENT CENTER
ROOM 235
FALL RIVER, MA 02723
TEL. (508) 646-0650
FAX. (508) 646-0656

SOMERSET TOWN HALL
140 WOOD STREET
SOMERSET, MA 02726
TEL. (508) 673-8408

Chairman
JOINT COMMITTEE ON REVENUE

SENATOR MICHAEL J. RODRIGUES

First Bristol and Plymouth District

STATE HOUSE, ROOM 213B
BOSTON, MA 02133-1053

TEL: (617) 722-1114
FAX: (617) 722-1498

MICHAEL.RODRIGUES@MASENATE.GOV

WWW.MASENATE.GOV

May 6, 2015

Alison Bouchard, City Clerk
Office of the Fall River City Clerk
One Government Center
Fall River, MA 02722

Dear Alison,

This letter is in response to your letter dated April 28, 2015 relative to the resolution adopted by the Fall River City Council requesting legislation to be filed by the delegation to allow a municipality to rescind adoption of M.G.L, Ch. 40, s. 22F.

Under M.G.L, Ch. 40, s. 22F, a municipality that adopts this section has effectively delegated the power to set fees to a municipal board or officer heading the department that renders services or performs work, or issues permits, licenses or certificates, for which said fees are charged.

However, the resolution adopted by the City Council incorrectly states the following:- "to rescind the adoption of this statute the Massachusetts Legislature must give cities and town that ability". It is clear that a municipality can revoke a local acceptance statute in the same manner as it was accepted, but must wait at least three years from the date of acceptance to do so. Please see M.G.L, Ch. 4, s. 4B.

Therefore, an act of the legislature is not required to allow or provide a municipality with the ability to rescind adoption of M.G.L, Ch. 40, s. 22F as the Fall River City Council may revoke the acceptance of this local option statute in the same manner as it was adopted. If the date of acceptance is less than three years from the date of the original adoption of the statute, then the City Council would need to initiate the home rule petition process to rescind adoption of M.G.L, Ch. 40, s. 22F.

Thank you for sharing the City Council's communication. If you need anything else, then please don't hesitate to contact me.

Sincerely,

Michael J. Rodrigues

City of Fall River, In City Council

(Councilor Raymond A. Mitchell)
(Council President Joseph D. Camara)
(Councilor Michael L. Miozza)
(Councilor Linda M. Pereira)
(Councilor Daniel M. Rego)

ORDERED, that the provisions of M.G.L. c. 40 § 22F which statute relates to license fees and service charges, adopted by the City Council on May 27, 2008 and approved by the Mayor on May 28, 2008, be hereby rescinded.

In City Council, September 11, 2014
Adopted, 6 yeas, 1 nay

A true copy. Attest:

Alison M. Bouchard

City Clerk

City of Fall River
Office of the Corporation Counsel

WILLIAM A. FLANAGAN
Mayor

ELIZABETH SOUSA
Corporation Counsel



GARY P. HOWAYECK
Assistant Corporation Counsel

CHRISTY M. DIORIO
Assistant Corporation Counsel

September 3, 2014

Joseph Camara
City Council President
City of Fall River
One Government Center
Fall River, MA 02722

RE: Authority to Rescind Acceptance of M.G.L. c. 40, §22F

Dear Council President:

It is undisputed that the City Council on May 27, 2008 voted to accept the provisions of M.G.L. c. 40, §22F. Please find attached a letter provided to this office by Cheryl Sbarra, Senior Staff Attorney with the Massachusetts Health Boards. I hereby unequivocally agree with Attorney Sbarra's opinion that once the Council accepted the provisions of M.G.L. c. 40, §22F it may not be rescinded by a subsequent vote of the City Council.

In support of her opinion Attorney Sbarra cites the matter of Brucato v. City of Lawrence, 338 Mass. 612 (1959), in which the Massachusetts Supreme Judicial Court held that the state legislature may provide, in a local acceptance statute, that once accepted, the local legislative body may revoke such acceptance. However, if no such authority is specifically included, Brucato held that the effect of a valid acceptance by a city council makes the statute operable until the statute is repealed or amended by the state legislature. Brucato at 615-617.

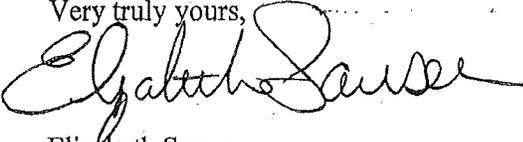
Additionally, a decade after the Massachusetts Supreme Judicial Court's decision in Brucato, the Court again ruled that it is well established that when a locality exercises its option to accept the provisions of general legislation, absent a provision in the statute permitting revocation of such acceptance, the statute is operative in the community until it is repealed or amended by the state legislature. Chief of Police of Drucut v. Town of Dracut, 357 Mass. 492, 496-498 (1970).

It is clear that M.G.L. c. 40, §22F does not provide authority to the local legislative body to revoke acceptance; therefore, in applying Brucato and Drucut the Council does not have the authority to revoke its valid acceptance of the statute.

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CITY CLERK
FALL RIVER, MA

I trust that this legal opinion provides you with the necessary guidance. All research is available upon request. Should you have any additional questions, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in cursive script that reads "Elizabeth Sousa". The signature is written in black ink and is positioned to the right of the typed name.

Elizabeth Sousa

cc: William A. Flanagan, Mayor
Cathy Ann Viveiros, City Administrator
Dr. Henry Vaillancourt, Director of Health and Human Services

Enclosures

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:

Section 1.

By inserting in Section 70-281, which section relates to one-way streets designated, in proper alphabetical order the following:

Cambridge Street, from Lapham Street to Smith Street in an easterly direction.

Section 2.

By inserting in Section 70-375(19), which section relates to one-hour parking, 8:00 a.m. – 5:00 p.m., Tuesday through Saturday, in proper alphabetical order the following:

Cory Street, north side, starting at a point 23 feet east of Lindsey Street, easterly for a distance of 60 feet.

Section 3.

By inserting in Section 70-376, which section relates to two-hour parking, in proper alphabetical order the following:

(16) 8:00 a.m. – 9:00 p.m. Wednesday through Saturday

Pleasant Street, north side, starting at a point 89 feet west of Choate Street, for a distance of 39 feet westerly.

Section 4.

By striking out in Section 70-241, which section relates stop intersections designated, the following:

- Cambridge Street Westbound drivers on Cambridge Street at Jackson Street.
- Cambridge Street Westbound drivers on Cambridge Street at Lapham Street.

CITY OF FALL RIVER
IN CITY COUNCIL

MAY 12 2015

Passed through first reading, Res. Amended

City of Fall River, In City Council

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

Section 1.

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

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

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

Section 2.

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

By inserting the following in Other fees:

Construction and demolition debris	\$100.00 per ton
------------------------------------	------------------

CITY OF FALL RIVER
IN CITY COUNCIL
MAY 12 2015

Passed through first reading, as amended

City of Fall River, In City Council

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

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

Section 1.

By striking out in Section 62-1, which section relates to Definitions, "Authorized Private Receptacle" and its definition.

Section 2.

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

Director means the Director of Community Maintenance of the City.

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

Section 3.

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

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

Section 4.

By inserting a new section to read as follows:

Section 62-9. Supervision.

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

Section 5.

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

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

Section 6.

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

By inserting a new section to read as follows:

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

CITY OF FALL RIVER
IN CITY COUNCIL
MAY 12 2015

Passed through first reading, as amended, 5 year, 4 days

City of Fall River, *In City Council*

6

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

Section 1.

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

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

Section 2.

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

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

CITY OF FALL RIVER
IN CITY COUNCIL
MAY 12 2015

*Read through first
reading, as amended*

#15-109A //
Cristina Dias

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2015 MAY 11 P 2:26

CITY CLERK
FALL RIVER, MA

Benny's

Your Favorite Store.

J & J Auto Repair
635 Warren St
Fall River, MA 02721
(508) 674-5570

Store #5
340 Rhode Island Avenue
Fall River, Massachusetts 02721
508-674-0350

Receipt Required For Returns

03/26/2015 16:19
Trans #: 6 Batch #: 4

Sale
Acct: *****1795
Type: MASTERCARD
Entry: Swipe
AMOUNT: \$135.41
Resp: AUTH/TKT 090946
Code: 090946
Ref #: MDJD95AD90326

Normal sale

KINGSTAR P195-55VR16 79.00 tx
Reg Prc 83.99 Sale Prc 79.00
715459318766 (041411)
FAL. RIVER 5 PK 30 G 10.00 nt
734408514127 (070870)
SUBTOTAL 89.00
TAX 3 6.25% 4.94
TOTAL 93.94
Debit Card xxxxxxxxxxxx1795 93.94
030201
Invoice #: 0030364767

2015-03-20 08:41:47 030201 408489

CUSTOMER COPY

You Saved \$4.99

THANK YOU FOR SHOPPING AT BENNY'S

STORE HOURS:

Monday - Friday 9am-8pm
Saturday 9am-8pm
Sunday 10am - 5pm

Find A Store Nearest You At:

www.hellobennys.com



0 0 0 0 5 0 0 3 0 3 6 4 7 0 3 2 0 1 5

0005 003 15 3647 03/20/15 08:40:15

Council
11



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2015 MAY -8 P 3:24

CITY CLERK 15-126 B
FALL RIVER, MA

May 8, 2015

Paul Ferland – Sewer Division:

Fall River Country Club has now completed its #5 fairway repair, due to the City of Fall River's sewage spill on our golf course. This is to reference claim #15-126 filed with the City of Fall River. We are providing you with the repair invoices that need to be paid to our vendors as soon as possible. Attached are the invoices for payment.

If you need further assistance or clarification, please call me.

Best regards,

FALL RIVER COUNTRY CLUB

Dennis Sonnenburg, CCM
General Manager

Enclosures

CC: City Clerk

FALL RIVER
COUNTRY CLUB
est. 1895

4232 North Main Street, Fall River, MA 02720
508-678-9374 / www.fallrivercc.com

csunit



Subrogation Department

1310 Martin Luther King Drive | P.O. Box 3068 | Bloomington, IL 61702-3068
Phone 888-767-2361 | Fax 309-820-2626

April 20, 2015

CITY OF FALL RIVER
CITY CLERK
1 GOVERNMENT CTR FL 2
FALL RIVER, MA 027227700

RECEIVED
2015 MAY - 8 A 10:56
CITY CLERK 15-1666A
FALL RIVER, MA

RE: Our File #: 1275126
Insured: JAMESON GUIMOND
LIBERTY MUTUAL INSURANCE Claim #: 028328933
Your Claim #:
Your Insured: FALL RIVER DEPT OF PUBLIC WORKS
Date of Loss: 11/5/2013
Amount Claimed: \$113.48

Dear CITY CLERK:

We are contacting you today on behalf of LIBERTY MUTUAL INSURANCE regarding a loss. The facts of the accident indicate your insured is liable for payments that LIBERTY MUTUAL INSURANCE made to its policyholder as a result of this loss. Supporting documentation is enclosed for your review.

All payments should be made payable to Afni, include the Afni file number and must be directed to:

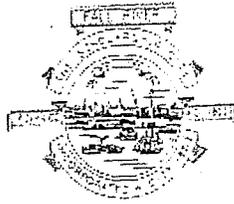
Afni – Subrogation Department
P.O. Box 3068
Bloomington, IL 61702-3068

Should you have any questions, please feel free to contact me at 888-767-2361.

Sincerely,

Jackie Flood

JACKIE FLOOD EXT 3155
Subrogation Specialist



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City of Fall River
Notice of Claim

2015 MAY -8 P 3:09

CITY CLERK #15-169
FALL RIVER, MA

1. Claimant's name: Kaitlyn Barros
2. Claimant's complete address: 861 Tradewind St.
3. Telephone number: Home: 508-993-0723 Work: 774-488-4824
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
damage to vehicle due to pothole
5. Date and time of accident: Sun. 04/19/15 Amount of damages claimed: \$ 464.09
around 9:00 pm
6. Exact location of the incident: (include as much detail as possible):
the left lane, directly across from 697 Davol St. Fall River
the deep pot hole in the left lane
7. Circumstances of the incident: (attach additional pages if necessary):
I was driving North on Davol Street when I hit a pothole
in the left lane. Unable to swerve in traffic, I could not avoid
it. I heard a loud sound from back of vehicle and pulled over.
Spoke to officer St. Laurent who happened to be at the scene of
an incident a few doors down from where I pulled over.
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
Damages did not exceed my deductible amount.

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

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

Date: 5/6/15

Claimant's signature: Kaitlyn Barros

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>5/8/15</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



Council

RECEIVED

**City of Fall River
Notice of Claim**

2015 MAY 11 A 10: 25

CITY CLERK 15-170
FALL RIVER, MA

1. Claimant's name: Dawn m. Couto
2. Claimant's complete address: 275 Hope St. Apt 3 West Fall River, mass 02721
3. Telephone number: Home: 774-225-2963 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):

5. Date and time of accident: 4-11-15 approx. 4pm Amount of damages claimed: \$ 1,200.00
6. Exact location of the incident: (include as much detail as possible):
Hartwell St. entering the driveway to 164 Hartwell 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: 4-24-15

Claimant's signature: Dawn m. Couto

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 form 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>DPW</u>				Date: <u>MAY 11 2015</u>
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Council

RECEIVED

City of Fall River
Notice of Claim

2015 MAY 14 P 3:20

- 1. Claimant's name: Joel Tavernes CITY CLERK 15-171
- 2. Claimant's complete address: 159 Cherry Street FALL RIVER, MA
- 3. Telephone number: Home: 774 528 6756 Work: N/A
- 4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Damage to vehicle incurred from pot hole
- 5. Date and time of accident: 4/14/15 @ 7AM Amount of damages claimed: \$334.18
- 6. Exact location of the incident: (include as much detail as possible):
Daniel Street, 79 South, adjacent to Jerry Remy's Restaurant
- 7. Circumstances of the incident: (attach additional pages if necessary):
I was traveling on Daniel St. when I drove through a pot hole right before the "79 South W. Fall River Town" exit. I noticed my vehicle was not driving normally so I serviced it @ Dave's Tires, and needed to purchase two new front tires. The front wheel also needs to be repaired.
- 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: 5/14/2015

Claimant's signature: Joel Tavernes

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 checked="" type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: MAY 14 2015

Council



City of Fall River
Notice of Claim

RECEIVED

2015 MAY 15 P 12:50

CITY CLERK 15-172
FALL RIVER, MA

1. Claimant's name: Thomas Lefevre
2. Claimant's complete address: 204 Cypress Dr. Swansea, MA
3. Telephone number: Home: (508) 675-1911 Work: (508) 972-1997

4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
auto damage due to pothole

5. Date and time of accident: Mar 2015 morning Amount of damages claimed: \$ 320.00

6. Exact location of the incident: (include as much detail as possible):
in area of Rt 6 when you exit off the Veterans Memorial Bridge

7. Circumstances of the incident: (attach additional pages if necessary):
hit a deep pothole, there was a big bump. When tire had a bulge I went to replace tire found a lg dent on the inside of the rim. Fire (crew) replaced, front end aligned.

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: 5/15/15 Claimant's signature: Thomas Lefevre

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

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

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For official use only:
Copies forwarded to: City Clerk Law City Council City Administrator DPW Date: MAY 15 2015



RECEIVED

City of Fall River
Notice of Claim

2015 MAY 18 A 10:44

CITY CLERK 15-173
FALL RIVER, MA

1. Claimant's name: Ronald J. Costa
2. Claimant's complete address: 139 Johnson St. Fall River MA
3. Telephone number: Home: 508 324-4115 Cell: 508 717 1737 Work: 508 717 1737 02725
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
TRASH TRUCK HIT MY CAR
5. Date and time of accident: 5/06/15 8:45AM Amount of damages claimed: \$ 492.81
6. Exact location of the incident: (include as much detail as possible):
parked at my Home London Street side
7. Circumstances of the incident: (attach additional pages if necessary):
TRASH TRUCK P-11 Stopped on side of my car
Placed Recycle Barrel on lift. Too close to car
Proceeded but car on way up on DRIVERS REAR
Between Back Window & gas cap Dent & Dented side n
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 (see 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: 05/08/15

Claimant's signature: Ronald J. Costa

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 form 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 type="checkbox"/> Law <input type="checkbox"/> City Council <input type="checkbox"/> City Administrator <input checked="" type="checkbox"/> DPW	Date: <u>5/18/15</u>



City of Fall River
Notice of Claim

RECEIVED

2015 MAY 19 A 10:52

#15-174

1. Claimant's name: Austin Campos
2. Claimant's complete address: 454 main street, Somerville MA
3. Telephone number: Home: 508-617-8227 Work: 508-951-0283
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Pothole damaged to tire and rim.
5. Date and time of accident: 5/11/15/1:20 Amount of damages claimed: \$ 224.00
6. Exact location of the incident: (include as much detail as possible):
President Avenue, near playground and McDonalds near Curfee and rotary.
7. Circumstances of the incident: (attach additional pages if necessary):
Attached paperwork, also have pictures if (Fall River) needed.
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
Yes but told me they had no control to do anything Arkella 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: 5-19-15

Claimant's signature: [Signature]

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

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

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For official use only:	<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>5/19/15</u>
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Council



RECEIVED

2015 MAY 19 A 11:48

City of Fall River
Notice of Claim

CITY CLERK 15-175
FALL RIVER, MA

1. Claimant's name: Nancy Rego
2. Claimant's complete address: 107 LAZYWOOD LN
3. Telephone number: Home: 508 3240253 Work: N/A work 11-7AM
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
? damage to engine my car due to going over hump in driveway
5. Date and time of accident: _____ Amount of damages claimed: \$ _____
out side side corner of Rodman not sure of other street name (Hartwell St)
6. Exact location of the incident: (include as much detail as possible):
Hartwell St coming out of driveway onto Hartwell street
7. Circumstances of the incident: (attach additional pages if necessary):
I was trying to get out of parking lot, went
slow over hump to Hartwell St. Please I am
being unsure at this time if there is damage
to anything under car. Just wanted documentation of
incident
8. Have you submitted a claim to any insurance company for damages arising from this incident? If so, name and address of insurance company: Yes No

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

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

Date: 5/19/15 Claimant's signature: Nancy Rego

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

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

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For official use only:						Date: <u>MAY 19 2015</u>
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input type="checkbox"/> Law	<input type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	



RECEIVED

2015 MAY 20 P 1:37
City of Fall River
Notice of Claim

1. Claimant's name: CITY CLERK Maria D. Botelho
FALL RIVER, MA
2. Claimant's complete address: 242 Harrison St. Fall River Ma
3. Telephone number: Home: 508-567-6856 Work: _____
4. Nature of claim: (e.g., auto accident, slip and fall on public way or property damage):
Auto accident
5. Date and time of accident: 5/6/15 Amount of damages claimed: \$ 600.00
6. Exact location of the incident: (include as much detail as possible):
Eastern Ave and Bark St.
7. Circumstances of the incident: (attach additional pages if necessary):
Hit pothole and Front end and shocks, broke
called police and they showed.
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: 5-20-15

Claimant's signature: Maria D Botelho

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

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For official use only:						Date: <u>5/20/15</u>
Copies forwarded to:	<input checked="" type="checkbox"/> City Clerk	<input checked="" type="checkbox"/> Law	<input type="checkbox"/> City Council	<input type="checkbox"/> City Administrator	<input checked="" type="checkbox"/> DPW	