### FRANK LAW GROUP, P.C.

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RECEIMED APR 1 3 2010

CITY OF SAIN CONTROL OFFICE

April 12, 2010

#### SENT VIA FEDERAL EXPRESS

City Clerk City of Santa Clara 1500 Warburton Avenue Santa Clara, California 95050 RECEIVED

APR 1 3 2010

City Clerk's Office City of Santa Clara

Re: Claimant Moonlite Associates LLC

Dear Clerk:

Enclosed please find Claimant Moonlite Associates LLC's claim against the City of Santa Clara. Please send back a file endorsed copy of the Claim Against the City of Santa Clara for our records in the self-addressed stamped envelope provided.

Thank you for your attention to this matter.

Very truly yours,

FRANK LAW GROUP, P.C.

Lori J. Gualco

LJG/alp Enclosure

cc RHayton
4/13/10
21C

# CLAIM AGAINST THE CITY OF SANTA CLARA RECEIVED

(For Damages to Persons or Personal Property)

APR 13 2010

City Clerk's Office City of Santa Clara

City Clerk's Date Stamp
Received By: \_\_\_\_\_\_

Via:

U.S. Mail Interoffice Mail

Over the Counter

FEDEX

(Please do not write above this line - for City use only)

A claim must be filed with the City Clerk of the City of Santa Clara within six months\* after which the incident or event occurred. Be sure your claim is against the City of Santa Clara not some other public entity. Where space is insufficient, please use additional paper and identify the information by paragraph number. Your completed claim (original) must be mailed or delivered to: City Clerk, City of Santa Clara, 1500 Warburton Avenue, Santa Clara, California 95050.

#### TO THE HONORABLE MAYOR AND CITY COUNCIL OF THE CITY OF SANTA CLARA:

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

•	NAME OF			DATE OF		
1	CLAIMANT Moonlite Associates LIC			BIRTH	N/A	
	ADDRESS OF c/o Michael Schwartz				ZIP	
	CLAIMANT 1111 Bayhill Dr., Ste 450 CI	TY San B	,	ATE CA	CODE 94066	
	HOME WORK		DRIVER'S	LICENSE		
	PHONE N/A PHONE 650-952		STATE ANI			
2	SEND NOTICES REGARDING THIS CLAIM TO: (List name, mailing address and telephone number if not same as					
	name and address listed above.)					
	Lori J. Gualco, Esq., Frank Law Group, P.C.					
	1517 Lincoln Way, Auburn, CA, 95603 TEL-530-887-8585; FAX-530-887-8586					
	TOTA IIIIO II NOVA III NOVA					
3	DATE AND TIME	SPECIFIC A	DDRESS			
	OF INCIDENT	1		2600 El	Camino Real	
	See Attachment A		()	Santa C	lara, CA 95051	
	BASIS OF CLAIM (Specify the occurrence, event, act, or omission which you claim caused the injury or damage for					
4	which you are submitting this claim.)					
	City of Santa Clara sewers leak contaminents.					
5	CITY'S ACTION (Specify action by City or its employees which caused alleged damage or injury.)  Failure to maintain sewers.					
	Lating of manicalli sewers.					

<sup>\*&</sup>quot;One year for a claim relating to any cause of action for other than death, injury to person or to personal property, or growing crops." Government Code §911.2

6	NAME OF CITY EMPLOYEE WHO ALLEGEDLY CAUSED INJURY OR LOSS Un	known	
	DESCRIPTION OF CLAIMANT'S INJURY, PROP	ERTY DAMAGE, OR LOSS (If there were no injur	ries.
	state "NO INJURIES".) Property damage fr	•	,
7	Projectly damage in	dii Containnenes.	
		•	
8	OTHER INJURED PERSONS (List names and addre State of California groundwater and s	sses.)	
		urtace water.	
0			
9	DAMAGES CLAIMED: Amount of Claimant's dama	ge or loss and method of computation. Include copi	es
	of bills, invoices, estimates, etc. Note: If your claim i	is for more than \$10,000, you need not fill in an amount	ount
	but you must state whether jurisdiction for the claim w Unlimited jurisdiction of the Superior Court.	vould be in the Limited jurisdiction (up to \$25,000)	or
	1		
	ITEMS	0, 000 00	_
	Not defined currently	Ψ	ilus -
	Manager		-
	<u> </u>	TOTAL AMOUNT: \$ unlimited	-
		jurisdictio	ກ
	Court Jurisdiction: (Check one)	jurisaretre	21
	Court Januarion (Check one)		
ĺ	Limited Civil:	Unlimited Civil: 🔯	
	WITNESSES, HOSPITALS, DOCTORS, ETC. (List n	names and addresses.)	
10	Peter Krasnoff, P.E.		<del></del>
10			
			—
WA	ARNING! IT IS A CRIMINAL OFFENSE TO FILE A	FALSE CLAIM (Penal Code §72).	
ĭ hav	ave read the matters and statements made in the above	claim and I know the same to be two of my	
knov	wledge, except as to those matters stated upon information	on or belief and as to such matters I believe the sar	ne ne
to be	e true. I certify under penalty of perjury that the foregoin	ng is TRUE and CORRECT.	
Sian	ned this 9th day of April	20.70	
oigii		, 20 10	at
	Auburn, CA		
		2.10	_
		on pal	Lo
		Claimant's Signature	
		Lori J. Gualcó, Esq.	
		Frank Law Group, P.C. Attorney for Claimant	
		Moonlite Associates LLC	

Rev. 06/07

# ATTACHMENT A TO CLAIM AGAINST THE CITY OF SANTA CLARA

### **Claimant Moonlite Associates LLC**

## 3. DATE AND TIME OF INCIDENT:

Unknown, but believed to be continuing incident from approximately 1960's- current.