

**OFFICE OF COUNTY COUNSEL
COUNTY OF PLACER**

TO: Clerk of the Board of Supervisors
FROM: David Huskey, Deputy County Counsel
DATE: January 6, 2015
SUBJECT: Claims against the County

REQUEST:

The following claims against Placer County should be placed on the Board's Consent agenda for Tuesday, January 6, 2015:

<u>CLAIM#</u>	<u>CLAIMANT(s):</u>	<u>AMOUNT:</u>
14-099	Khachatryan, Karine, (Personal Injury)	\$2,439.50
14-103	Coleman, Waylon (Bodily Injury)	\$25,000.00 plus attorney fees

The Offices of County Counsel and Risk Management recommend the above claims be rejected.

PLACER COUNTY COUNSEL'S OFFICE

BY: _____

David Huskey, Deputy County Counsel

The above claim(s) were _____ at the Board of Supervisors' hearing held on Tuesday January 6, 2015.

Clerk

FISCAL IMPACT:

None.

Cc: Maryellen Peters, Deputy County Executive Officer

