

**OFFICE OF COUNTY COUNSEL
COUNTY OF PLACER**

TO: Clerk of the Board of Supervisors
FROM: David Huskey, Deputy County Counsel
DATE: April 7, 2015
SUBJECT: Claims against the County

REQUEST:

The following claims against Placer County should be placed on the Board's Consent agenda for Tuesday, April 7, 2015:

<u>CLAIM#</u>	<u>CLAIMANT(s):</u>	<u>AMOUNT:</u>
15-023	WOOTEN, Jim (Personal Injury)	\$250,000.00

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 April 7, 2015.

Clerk

FISCAL IMPACT:

None.

cc: Maryellen Peters, Deputy County Executive Officer

