

FRANK LAW GROUP, P.C.

David E. Frank

Gregory W. Koonce
Brett E. Rosenthal
Jennifer B. Holdener

Courthouse Plaza
1517 Lincoln Way, Auburn, CA 95603
Telephone (530) 887-8585 / (916) 442-0145
Facsimile (530) 887-8586
www.lawyers.com/davidefrank
ljgualco@gualcolaw.com

Of Counsel:
Lori J. Gualco
Annie R. Embree
Peter D. Lemmon
Darren P. Trone

April 12, 2010

RECEIVED
APR 13 2010
CITY OF SANTA CLARA
CITY ATTORNEY'S OFFICE

SENT VIA FEDERAL EXPRESS

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

RECEIVED
APR 13 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 R Hayton
4/13/10
RLC

CLAIM AGAINST THE CITY OF SANTA CLARA

RECEIVED

(For Damages to Persons or Personal Property)

APR 13 2010City Clerk's Office
City of Santa Clara

City Clerk's Date Stamp

Received By: Gene Arman

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:

1	NAME OF CLAIMANT Moonlite Associates LLC		DATE OF BIRTH N/A	
	ADDRESS OF CLAIMANT c/o Michael Schwartz 1111 Bayhill Dr., Ste 450		CITY San Bruno	STATE CA ZIP CODE 94066
	HOME PHONE N/A	WORK PHONE 650-952-2300	DRIVER'S LICENSE STATE AND NUMBER N/A	
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			
	DATE AND TIME OF INCIDENT See Attachment A		SPECIFIC ADDRESS OF INCIDENT (Address) 2600 El Camino Real Santa Clara, CA 95051	
4	BASIS OF CLAIM (Specify the occurrence, event, act, or omission which you claim caused the injury or damage for which you are submitting this claim.) City of Santa Clara sewers leak contaminants.			
5	CITY'S ACTION (Specify action by City or its employees which caused alleged damage or injury.) Failure to maintain sewers.			

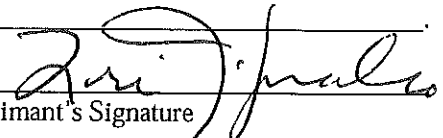
*"One year for a claim relating to any cause of action for other than death, injury to person or to personal property, or growing crops." Government Code §911.2

6	NAME OF CITY EMPLOYEE WHO ALLEGEDLY CAUSED INJURY OR LOSS <u>Unknown</u>													
7	DESCRIPTION OF CLAIMANT'S INJURY, PROPERTY DAMAGE, OR LOSS (If there were no injuries, state "NO INJURIES".) <u>Property damage from contaminants.</u>													
8	OTHER INJURED PERSONS (List names and addresses.) <u>State of California groundwater and surface water.</u>													
9	DAMAGES CLAIMED: Amount of Claimant's damage or loss and method of computation. Include copies of bills, invoices, estimates, etc. Note: If your claim is for more than \$10,000, you need not fill in an amount but you must state whether jurisdiction for the claim would be in the Limited jurisdiction (up to \$25,000) or Unlimited jurisdiction of the Superior Court. <table border="0"> <tr> <td style="text-align: center;">ITEMS</td> <td></td> </tr> <tr> <td><u>Not defined currently</u></td> <td>\$ <u>25,000.00</u> plus</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td style="text-align: right;">TOTAL AMOUNT:</td> <td>\$ <u>unlimited</u></td> </tr> <tr> <td></td> <td>jurisdiction</td> </tr> </table> Court Jurisdiction: (Check one) Limited Civil: ☐ Unlimited Civil: ☒		ITEMS		<u>Not defined currently</u>	\$ <u>25,000.00</u> plus	_____	\$ _____	_____	\$ _____	TOTAL AMOUNT:	\$ <u>unlimited</u>		jurisdiction
ITEMS														
<u>Not defined currently</u>	\$ <u>25,000.00</u> plus													
_____	\$ _____													
_____	\$ _____													
TOTAL AMOUNT:	\$ <u>unlimited</u>													
	jurisdiction													
10	WITNESSES, HOSPITALS, DOCTORS, ETC. (List names and addresses.) <u>Peter Krasnoff, P.E.</u>													

WARNING! IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (Penal Code §72).

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this 9th day of April, 20 10 at
Auburn, CA


 Claimant's Signature
 Lori J. Gualco, Esq.
 Frank Law Group, P.C.
 Attorney for Claimant
 Moonlite Associates LLC

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.