



CITY OF RIALTO LIABILITY

CLAIM FOR DAMAGES TO PROPERTY

CITY CLERK'S DATE STAMP

CITY OF RIALTO
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1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code §911.2).
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code §911.2). **RETURN TO:**
3. READ ENTIRE CLAIM FOR BEFORE FILING **Rialto City Clerk's Office**
4. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS **Mail: 150 S. Palm Ave., Rialto, CA 92376**
Address: 290 W. Rialto Ave., Rialto, CA 92376

CLAIMANT INFORMATION:

Edward Palmer
FULL NAME

7-28-51
DATE OF BIRTH

[REDACTED]
HOME ADDRESS INCLUDING CITY, STATE & ZIP

[REDACTED]
HOME TELEPHONE NO.

SAME
BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP

(SAME)
BUSINESS TELEPHONE NO.

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM

(SEND CLAIM CORRESPONDENCE TO:
Salazar Law Group 2140 North Hollywood Way #7192
Burbank, CA 91510

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: 3/17/2017 - 5/4/2017 TIME: 5 AM 5 PM

2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC - Describe fully and (if applicable) locate on diagram on reverse side of this sheet. Where appropriate, give street names and addresses, measurements and landmarks.

Raquel's Jazz Lounge
[REDACTED]
Rialto, CA 92376

3. HOW DID DAMAGE OR INJURY OCCUR?

Raquel's Jazz Lounge has been subjected to unfair treatment and harassment by City of Rialto including but not limited to Employees, Agents, and Representatives of the City. The actions of the city amount to tortious interference with economic advantage and have unreasonably harmed and tarnished the business by causing patrons to become apprehensive of patronizing Raquel's. Additionally, Raquel's was unreasonably forced to close for nearly two months during peak operation periods, including but not limited to St. Patrick's Day. The City's rationale for closure was falsely based on lack of a business license and subsequent incidents which did not warrant closure. Ultimately, the City of Rialto violated the civil rights of the owners and proprietors of Raquel's.

4. WERE POLICE AT THE SCENE? YES NO WERE PARAMEDICS AT THE SCENE? YES NO

5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? Give the name of the city/town employee causing the injury or damage, if known.

Unreasonable closure by City without merit or cause resulting in business being dormant for an extended period and losing income upon reopening. Raquel's Lounge generated \$37,000.00 monthly, prior to actions of the City of Rialto giving rise to this claim. However, City of Rialto Police Department's aggressive and excessive visits to Claimant location perpetuated fear and apprehension in patrons. This significantly impacted revenue and impaired business and forced Raquel's to reestablish its self and re-connect with its support base, as previous patrons believed Raquel's went out of business and was permanently closed.

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 221,000.00
DAMAGES INCURRED TO DATE:

Item/Date: Business/Loss of Revenue During Closure Amount: \$ 69,000.00

Item/Date: Business/Payroll, Taxes, fee's, BOE, Taxes and bills Amount: \$ 12,000.00

Item/Date: Business/Reduction in Revenue Since Re-opening Amount: \$ 70,000.00

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM: \$ 151,000.00

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: Business/Reduction in Revenue Since Re-opening Amount: \$ 70,000.00

Item/Date: _____ Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES: \$ 70,000.00

7. WITNESSES TO DAMAGE OR INJURY List all persons known to have information

NAME: Robert L. Reams

NAME: Ann Clark

ADDRESS: [REDACTED]

ADDRESS: Unknown

San Bernardino, CA 92407

TELEPHONE: [REDACTED]

TELEPHONE: [REDACTED]

8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:

NAME: N/A

NAME: N/A

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

TIME: AM PM

DATE: _____ TIME: AM PM

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9. PLEASE READ THE FOLLOWING CAREFULLY:

For all vehicle accident claims, place on the following diagram, the names of streets, including NORTH, EAST, SOUTH AND WEST directions. Indicate place of accident by "X" and by showing house numbers or distances to street corners.

If a city/town vehicle was involved, designate by letter "A" location of the City/Town vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City/Town vehicle; location of City/Town vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

NOTE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUATION, PLEASE ATTACH A PROPER DIAGRAM SIGNED BY THE CLAIMANT.

NOT APPLICABLE. PROPERTY DAMAGE CLAIM.

I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF; AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF; AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

Theida Salazar, Esq.

18OCT17

TYPE OR PRINT NAME

DATE

Attorney

RELATIONSHIP TO CLAIMANT

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72) RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE - 150 S. PALM AVE., RIALTO, CA 92376

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 **Theida Salazar**
ATTORNEY AT LAW

2140 North Hollywood Way #7192
Burbank, CA 91510



SANTA CLARITA CA 913

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City of Rialto (Property Claims)
c/o City Clerks Office
150 S. Palm Ave.
Rialto, CA 92376

CITY OF RIALTO

92376-648755

