

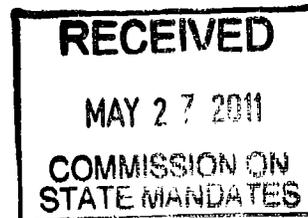


## CITY OF BRISBANE

50 Park Place  
Brisbane, California 94005-1310  
(415) 508-2100  
Fax (415) 467-4989

May 25, 2011

Ms. Nancy Patton  
Commission on State Mandates  
980 Ninth Street, Suite 300  
Sacramento, CA 95814



**Re: Test Claim 10-TC-01  
City of Brisbane's Designation of Co-Claimants**

Ms. Patton:

This letter on behalf of the City of Brisbane hereby designates as co-claimants under Test Claim 10-TC-01 the cities/towns of Atherton, Belmont, Burlingame, Colma, Daly City, East Palo Alto, Foster City, Half Moon Bay, Hillsborough, Menlo Park, Millbrae, Pacifica, Portola Valley, Redwood City, San Bruno, San Carlos, San Mateo, South San Francisco, and Woodside, as well as unincorporated San Mateo County and the San Mateo County Flood Control District (hereinafter "San Mateo County Jurisdictions").

On October 11, 2010, the City of Brisbane filed a test claim pertaining to the California Regional Water Quality Control Board, San Francisco Bay Region's Order No. R2-2009-0074 (hereinafter "Order"), asserting the Order is a reimbursable State-mandated program pursuant to Article XIII B, Section 6, of the California Constitution and Government Code Section 17514.

Subsequent to October 11, 2010, the San Mateo County Jurisdictions filed test claims regarding the Order. These filings were not accepted on the ground that the City of Brisbane's test claim was the first filed.

The Commission's regulations provide that test claims may be prosecuted jointly by two or more claimants if the claimants attest to all of the following (Cal. Code Regs., tit. 2, § 1183, subd. (h).):

1. The claimants allege the state-mandated costs result from the same statute or executive order;
2. The claimants agree on all issues of the test claim; and,
3. The claimants have designated one contact person to act as the resource for information regarding the test claim.

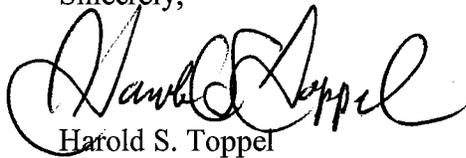


Ms. Nancy Patton  
May 25, 2011  
Page 2 of 2

To effectuate the designation of the San Mateo County Jurisdictions as co-claimants with the City of Brisbane under Test Claim 10-TC-01, enclosed are new Test Claim forms for those jurisdictions. These Test Claim forms constitute documentation that each co-claimant asserts that state-mandated costs resulted from the Order, and designate Rich Napier with the City/County Association of Governments of San Mateo County as the sole contact person to act as a resource for information regarding Test Claim 10-TC-01. In accordance with your direction to Matthew Fabry, Program Coordinator for the San Mateo Countywide Water Pollution Prevention Program, we are not re-submitting declarations for all jurisdictions because the Commission has retained copies of the declarations for each San Mateo County Jurisdiction. These declarations demonstrate that the co-claimants agree on all issues of Test Claim 10-TC-01.

In summary, and for the foregoing reasons, the City of Brisbane hereby properly designates the San Mateo County Jurisdictions as co-claimants under Test Claim 10-TC-01. Please do not hesitate to contact me should you have any questions or require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Harold S. Toppel". The signature is fluid and cursive, with the first name "Harold" being the most prominent part.

Harold S. Toppel  
Brisbane City Attorney

Enclosures

Cc: Matthew Fabry, San Mateo Countywide Water Pollution Prevention Program  
Gregory J. Newmark, Meyers Nave



**1. TEST CLAIM TITLE**

Municipal Regional Stormwater Permit

**2. CLAIMANT INFORMATION**

Town of Atherton

Name of Local Agency or School District

John Danielson  
Claimant Contact

City Manager

Title

91 Ashfield Road

Street Address

Atherton, CA 94027

City, State, Zip

650-752-0504

Telephone Number

650-688-6528

Fax Number

jgruber@ci.atherton.ca.us

E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Richard Napier

Claimant Representative Name

Executive Director

Title

City/County Association of Governments of San Mateo Co.

Organization

555 County Center, 5th Floor

Street Address

Redwood City, CA 94063

City, State, Zip

650-559-1420

Telephone Number

650-361-8227

Fax Number

rnapiet@co.sanmateo.ca.us

E-Mail Address

For CSM Use Only

Filing Date:

Test Claim #:

**4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED**

Please identify all code sections, statutes, bill numbers, regulations, and/or executive orders that impose the alleged mandate (e.g., Penal Code Section 2045, Statutes 2004, Chapter 54 [AB 290]). When alleging regulations or executive orders, please include the effective date of each one.

MUNICIPAL REGIONAL STORMWATER PERMIT No. CAS612008, issued by the Regional Water Quality Control Board, San Francisco Region as Order No. R2-2009-0074 on October 14, 2009.

Copies of all statutes and executive orders cited are attached.

Sections 5, 6, and 7 are attached as follows:

5. Written Narrative: pages \_\_\_\_\_ to \_\_\_\_\_.

6. Declarations: pages \_\_\_\_\_ to \_\_\_\_\_.

7. Documentation: pages \_\_\_\_\_ to \_\_\_\_\_.

Sections 5, 6, and 7 should be answered on separate sheets of plain 8-1/2 x 11 paper. Each sheet should include the test claim name, the claimant, the section number, and heading at the top of each page.

## 5. WRITTEN NARRATIVE

Under the heading "5. Written Narrative," please identify the specific sections of statutes or executive orders alleged to contain a mandate.

Include a statement that actual and/or estimated costs resulting from the alleged mandate exceeds one thousand dollars (\$1,000), and include all of the following elements for each statute or executive order alleged:

- (A) A detailed description of the new activities and costs that arise from the mandate.
- (B) A detailed description of existing activities and costs that are modified by the mandate.
- (C) The actual increased costs incurred by the claimant during the fiscal year for which the claim was filed to implement the alleged mandate.
- (D) The actual or estimated annual costs that will be incurred by the claimant to implement the alleged mandate during the fiscal year immediately following the fiscal year for which the claim was filed.
- (E) A statewide cost estimate of increased costs that all local agencies or school districts will incur to implement the alleged mandate during the fiscal year immediately following the fiscal year for which the claim was filed.
- (F) Identification of all of the following funding sources available for this program:
  - (i) Dedicated state funds
  - (ii) Dedicated federal funds
  - (iii) Other nonlocal agency funds
  - (iv) The local agency's general purpose funds
  - (v) Fee authority to offset costs
- (G) Identification of prior mandate determinations made by the Board of Control or the Commission on State Mandates that may be related to the alleged mandate.

## 6. DECLARATIONS

Under the heading "6. Declarations," support the written narrative with declarations that:

- (A) declare actual or estimated increased costs that will be incurred by the claimant to implement the alleged mandate;
- (B) identify all local, state, or federal funds, and fee authority that may be used to offset the increased costs that will be incurred by the claimant to implement the alleged mandate, including direct and indirect costs;
- (C) describe new activities performed to implement specified provisions of the new statute or executive order alleged to impose a reimbursable state-mandated program (specific references shall be made to chapters, articles, sections, or page numbers alleged to impose a reimbursable state-mandated program); and
- (D) are signed under penalty of perjury, based on the declarant's personal knowledge, information or belief, by persons who are authorized and competent to do so.

## 7. DOCUMENTATION

Under the heading "7. Documentation," support the written narrative with copies of all of the following:

- (A) the test claim statute that includes the bill number alleged to impose or impact a mandate; and/or
- (B) the executive order, identified by its effective date, alleged to impose or impact a mandate; and
- (C) relevant portions of state constitutional provisions, federal statutes, and executive orders that may impact the alleged mandate; and
- (D) administrative decisions and court decisions cited in the narrative. Published court decisions arising from a state mandate determination by the Board of Control or the Commission are exempt from this requirement.

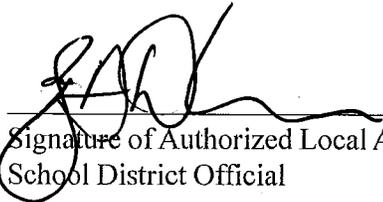
**8. CLAIM CERTIFICATION**

*Read, sign, and date this section and insert at the end of the test claim submission.\**

This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this test claim submission is true and complete to the best of my own knowledge or information or belief.

John Danielson  
\_\_\_\_\_  
Print or Type Name of Authorized Local Agency  
or School District Official

City Manager  
\_\_\_\_\_  
Print or Type Title

  
\_\_\_\_\_  
Signature of Authorized Local Agency or  
School District Official

January 26, 2011  
\_\_\_\_\_  
Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

**RECEIVED**

JAN 20 2011

**Brisbane Public Works Dept.**



January 18, 2011

Matthew Fabry  
City of Brisbane  
50 Park Place  
Brisbane, CA

Dear Mr. Fabry:

Per Mr. Richard Napier's instructions in his January 11, 2011 letter, the City of Belmont is submitting the attached test claim form to be recognized as co-claimant to the Brisbane Test claim for unfunded mandates relating to California Water Quality Control Board, San Francisco Bay Region, Permit No. CAS612008, issued as Order No. R2-2009-0074 (October 14, 2009).

If you have any questions need additional information, please contact me at (650) 595-7469.

Sincerely,

A handwritten signature in cursive script that reads "Leticia Alvarez".

Leticia Alvarez  
Temporary City Engineer

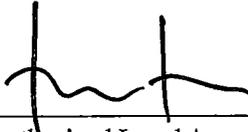


**CLAIM CERTIFICATION**

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Thomas Fil  
Print or Type Name of Authorized Local Agency  
or School District Official



\_\_\_\_\_  
Signature of Authorized Local Agency or  
School District Official

Finance Director  
Print or Type Title

January 14, 2011

\_\_\_\_\_  
Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*



Sections 5, 6, and 7 should be answered on separate sheets of plain 8-1/2 x 11 paper. Each sheet should include the test claim name, the claimant, the section number, and heading at the top of each page.

#### 5. WRITTEN NARRATIVE

Under the heading "5. Written Narrative," please identify the specific sections of statutes or executive orders alleged to contain a mandate.

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  - (ii) Dedicated federal funds
  - (iii) Other nonlocal agency funds
  - (iv) The local agency's general purpose funds
  - (v) Fee authority to offset costs
- (G) Identification of prior mandate determinations made by the Board of Control or the Commission on State Mandates that may be related to the alleged mandate.

#### 6. DECLARATIONS

Under the heading "6. Declarations," support the written narrative with declarations that:

- (A) declare actual or estimated increased costs that will be incurred by the claimant to implement the alleged mandate;
- (B) identify all local, state, or federal funds, and fee authority that may be used to offset the increased costs that will be incurred by the claimant to implement the alleged mandate, including direct and indirect costs;
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- (D) are signed under penalty of perjury, based on the declarant's personal knowledge, information or belief, by persons who are authorized and competent to do so.

#### 7. DOCUMENTATION

Under the heading "7. Documentation," support the written narrative with copies of all of the following:

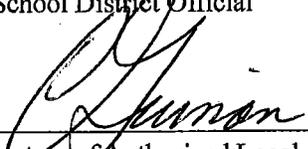
- (A) the test claim statute that includes the bill number alleged to impose or impact a mandate; and/or
- (B) the executive order, identified by its effective date, alleged to impose or impact a mandate; and
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**CLAIM CERTIFICATION**

*Read, sign, and date this section and insert at the end of the test claim submission. \**

This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this test claim submission is true and complete to the best of my own knowledge or information or belief.

Eus Guinan  
Print or Type Name of Authorized Local Agency  
or School District Official

  
Signature of Authorized Local Agency or  
School District Official

City Attorney  
Print or Type Title

1/27/2011  
Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*



**BEST BEST & KRIEGER**  
ATTORNEYS AT LAW

Roger C. Peters  
(925) 977-3302  
roger.peters@bbklaw.com  
File#: 25977.17090

2001 North Main Street, Suite 390  
Walnut Creek, CA 94596  
Phone: (925) 977-3300  
Fax: (925) 977-1870  
bbklaw.com

January 25, 2011

**VIA OVERNIGHT COURIER**

City of Brisbane  
ATTN: Matt Fabry  
50 Park Place  
Brisbane, CA 94005-1310

Re: Test Claim for Unfunded Mandates Relating to California Water Quality Control Board,  
San Francisco By Region, Bay Permit No. CAS612008, issued as Order No. R2-2009-0074

Dear Ladies and Gentlemen:

The Town of Colma requests that it be formally recognized as a co-claimant with the City of Brisbane on the above-referenced Test Claim, and requests that the C/CAG Executive Director serve as the Town's representative and resource for information before the State Commission on Unfunded Mandates.

Please sign and return this document in the enclosed, self-addressed envelope to acknowledge receipt of the enclosed Test Claim from the Town of Colma.

Sincerely,

Roger C. Peters  
of BEST BEST & KRIEGER LLP  
City Attorney, Town of Colma

**Acknowledgement of Receipt**

Receipt of a Test Claim from the Town of Colma is hereby acknowledged.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

25977.17090\5830875.1

**COMMISSION ON STATE MANDATES  
TEST CLAIM FORM**

Authorized by Government Code section 17553  
(Revised 1/2005)

**GENERAL INSTRUCTIONS**

- Local agency and school district test claims shall be filed not later than 12 months following the effective date of a statute or executive order, or within 12 months of incurring increased costs as a result of a statute or executive order, whichever is later.
- Type all responses.
- Complete sections 1 through 8, as indicated. Failure to complete any of these sections will result in this test claim being returned as incomplete.
- Original test claim submissions shall be unbound, single-sided, and without tabs. Copies may be double-sided, but unbound and without tabs.
- Mail, or hand-deliver, one original and seven copies of your test claim submission to:

**Commission on State Mandates  
980 Ninth Street, Suite 300  
Sacramento, CA 95814**

*Within ten (10) days of receipt of a test claim, or its amendment, Commission staff will notify the claimant or claimant representative whether the submission is complete or incomplete. Test claims will be considered incomplete if any of the required sections are not included or are illegible. If a completed test claim is not received within thirty (30) calendar days from the date the incomplete test claim was returned, the executive director may disallow the original test claim filing date. A new test claim may be accepted on the same statute or executive order alleged to impose a mandate.*

You may download this form from our website! If you have any questions, please contact us:

Web Site: [www.csm.ca.gov](http://www.csm.ca.gov)  
Telephone: (916) 323-3562  
Fax: (916) 445-0278  
E-Mail: [csminfo@csm.ca.gov](mailto:csminfo@csm.ca.gov)



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*Read, sign, and date this section and insert at the end of the test claim submission.\**

This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this test claim submission is true and complete to the best of my own knowledge or information or belief.

Brad Donohue  
Print or Type Name of Authorized Local Agency  
or School District Official

Deputy Public Works Director  
Print or Type Title

  
Signature of Authorized Local Agency or  
School District Official

01/24/11  
Date

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**BEST BEST & KRIEGER**  
ATTORNEYS AT LAW

Roger C. Peters  
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2001 North Main Street, Suite 390  
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Phone: (925) 977-3300  
Fax: (925) 977-1870  
bbklaw.com

January 25, 2011

VIA OVERNIGHT COURIER

**RECEIVED**

JAN 25 2011

**Brisbane Public Works Dept.**

City of Brisbane  
ATTN: Matt Fabry  
50 Park Place  
Brisbane, CA 94005-1310

Re: Test Claim for Unfunded Mandates Relating to California Water Quality Control Board,  
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Signature

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Telephone: (916) 323-3562  
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E-Mail: [csminfo@csm.ca.gov](mailto:csminfo@csm.ca.gov)



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Brad Donohue

Print or Type Name of Authorized Local Agency  
or School District Official

Deputy Public Works Director

Print or Type Title



Signature of Authorized Local Agency or  
School District Official

01/24/11

Date

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# CITY OF DALY CITY

333-90TH STREET

DALY CITY, CA 94015-1895

PHONE: (650) 991-8000

January 21, 2011

City of Brisbane  
Attn: Matthew Fabry  
50 Park Place  
Brisbane, CA 94005

**RECEIVED**  
JAN 20 2011  
Brisbane Public Works Dept.

RE: Test Claim for Unfunded Mandates Relating to California Water Quality Control Board, San Francisco Bay Region, Permit No. CAS612008, issued as Order No. R2-2009-0074 (October 14, 2009)

Matt:

Please find enclosed an original signed copy of the completed Test Claim Form that names the C/CAG Executive Director serve as your representative and resource for information before the State Commission on Mandates regarding this test claim.

If you have any questions regarding the enclosed, please feel free to contact me at [rfajardo@dalycity.org](mailto:rfajardo@dalycity.org) or (650) 991-8122.

Sincerely,

Rhea Fajardo  
Deputy City Attorney

**COMMISSION ON STATE MANDATES  
TEST CLAIM FORM**

Authorized by Government Code section 17553  
(Revised 1/2005)

**GENERAL INSTRUCTIONS**

- Local agency and school district test claims shall be filed not later than 12 months following the effective date of a statute or executive order, or within 12 months of incurring increased costs as a result of a statute or executive order, whichever is later.
- Type all responses.
- Complete sections 1 through 8, as indicated. Failure to complete any of these sections will result in this test claim being returned as incomplete.
- Original test claim submissions shall be unbound, single-sided, and without tabs. Copies may be double-sided, but unbound and without tabs.
- Mail, or hand-deliver, one original and seven copies of your test claim submission to:

**Commission on State Mandates  
980 Ninth Street, Suite 300  
Sacramento, CA 95814**

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You may download this form from our website! If you have any questions, please contact us:

Web Site: [www.csm.ca.gov](http://www.csm.ca.gov)  
Telephone: (916) 323-3562  
Fax: (916) 445-0278  
E-Mail: [csminfo@csm.ca.gov](mailto:csminfo@csm.ca.gov)

**1. TEST CLAIM TITLE**

San Mateo County Regional Stormwater Permit

**2. CLAIMANT INFORMATION**

City of Daly City  
Name of Local Agency or School District

Patricia E. Martel  
Claimant Contact

City Manager  
Title

333 90th Street  
Street Address

Daly City, CA 94015  
City, State, Zip

(650) 991-8127  
Telephone Number

(650) 991-5759  
Fax Number

pmartel@dalycity.org  
E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing; and sent to the Commission on State Mandates.

Richard Napier  
Claimant Representative Name

Executive Director  
Title

City/County Association of Governments of San Mateo County  
Organization

555 County Center, 5th Floor  
Street Address

Redwood City, CA 94063  
City, State, Zip

650-599-1420  
Telephone Number

650-361-8227  
Fax Number

rnapier@co.sanmateo.ca.us  
E-Mail Address

<i>For CSM Use Only</i>	
Filing Date:	
Test Claim #:	

**4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED**

Please identify all code sections, statutes, bill numbers, regulations, and/or executive orders that impose the alleged mandate (e.g., Penal Code Section 2045, Statutes 2004, Chapter 54 [AB 290]). When alleging regulations or executive orders, please include the effective date of each one.

MUNICIPAL REGIONAL STORMWATER PERMIT No. CAS612008, issued by the Regional Water Quality Control Board, San Francisco Region as Order No. R2-2009-0074 on October 14, 2009.

Copies of all statutes and executive orders cited are attached.

Sections 5, 6, and 7 are attached as follows:  
**5. Written Narrative:** pages \_\_\_\_ to \_\_\_\_.  
**6. Declarations:** pages \_\_\_\_ to \_\_\_\_.  
**7. Documentation:** pages \_\_\_\_ to \_\_\_\_.

Sections 5, 6, and 7 should be answered on separate sheets of plain 8-1/2 x 11 paper. Each sheet should include the test claim name, the claimant, the section number, and heading at the top of each page.

#### 5. WRITTEN NARRATIVE

Under the heading "5. Written Narrative," please identify the specific sections of statutes or executive orders alleged to contain a mandate.

Include a statement that actual and/or estimated costs resulting from the alleged mandate exceeds one thousand dollars (\$1,000), and include all of the following elements for each statute or executive order alleged:

- (A) A detailed description of the new activities and costs that arise from the mandate.
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- (D) The actual or estimated annual costs that will be incurred by the claimant to implement the alleged mandate during the fiscal year immediately following the fiscal year for which the claim was filed.
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  - (v) Fee authority to offset costs
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#### 6. DECLARATIONS

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- (D) are signed under penalty of perjury, based on the declarant's personal knowledge, information or belief, by persons who are authorized and competent to do so.

#### 7. DOCUMENTATION

Under the heading "7. Documentation," support the written narrative with copies of all of the following:

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**CLAIM CERTIFICATION**

*Read, sign, and date this section and insert at the end of the test claim submission.\**

This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this test claim submission is true and complete to the best of my own knowledge or information or belief.

City of Daly City  
Print or Type Name of Authorized Local Agency  
or School District Official

Patricia E. Martel, City Manager  
Print or Type Title

  
Signature of Authorized Local Agency or  
School District Official

4/20/2011  
Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

**1. TEST CLAIM NUMBER**

~~San Mateo County Regional Stormwater Permit~~

**2. CLAIMANT INFORMATION**

City of East Palo Alto  
 Name of Local Agency or School District

Vincent Ewing  
 Claimant Contact

City Attorney  
 Title

2415 University Avenue  
 Street Address

East Palo Alto, CA 94303  
 City, State, Zip

(650) 853-5921  
 Telephone Number

(650) 853-5923  
 Fax Number

vewing@cityofepa.org  
 E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Richard Napier  
 Claimant Representative Name

Executive Director  
 Title

City/County Association of Governments of San Mateo County  
 Organization

555 County Center, 5th Floor  
 Street Address

Redwood City, CA 94063  
 City, State, Zip

650-599-1420  
 Telephone Number

650-361-8227  
 Fax Number

rnapier@co.sanmateo.ca.us  
 E-Mail Address

<i>For CSM Use Only</i>	
Filing Date:	
Test Claim #:	

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**CLAIM CERTIFICATION**

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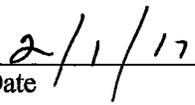
Vincent C. Ewing

City Attorney

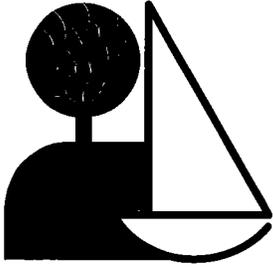
\_\_\_\_\_  
Print or Type Name of Authorized Local Agency  
or School District Official

\_\_\_\_\_  
Print or Type Title

  
\_\_\_\_\_  
Signature of Authorized Local Agency or  
School District Official

  
\_\_\_\_\_  
Date

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*City of Foster City*

**ESTERO MUNICIPAL IMPROVEMENT DISTRICT**

610 FOSTER CITY BOULEVARD  
FOSTER CITY, CA 94404-2222  
(650) 286-3200  
FAX (650) 574-3483

Office of the City Attorney  
939 Laurel Street, Suite D  
San Carlos, CA 94070  
(650) 593-3117

January 26, 2011

VIA FEDERAL EXPRESS

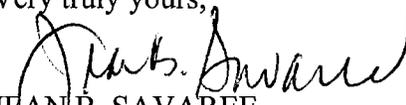
City of Brisbane  
Attn: Matthew Fabry  
50 Park Place  
Brisbane, CA 94005

Re: Test Claim for Unfunded Mandates Relating to California Water Quality Control Board, San Francisco Region, Permit No. CAS612008, issued as Order No. R2-2009-0074 (October 14, 2009).

Dear Mr. Fabry:

Enclosed please find the Test Claim Form for the City of Foster City. Please contact me if you need any additional information.

Very truly yours,

  
JEAN B. SAVAREE  
City Attorney

JBS:mac

Enclosure .

Cc: Ray Towne, Public Works Director

**COMMISSION ON STATE MANDATES****TEST CLAIM FORM**

Authorized by Government Code section 17553

(Revised 1/2005)

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**CLAIM CERTIFICATION**

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Ramon M. Towne  
Print or Type Name of Authorized Local Agency  
or School District Official

Public Works Director  
Print or Type Title

Ramon M. Towne  
Signature of Authorized Local Agency or  
School District Official

01/24/2011  
Date

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LAURA SNIDEMAN  
Print or Type Name of Authorized Local Agency  
or School District Official

CITY MANAGER, HALF MOON BAY  
Print or Type Title

  
Signature of Authorized Local Agency or  
School District Official

May 19, 2011  
Date

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# Town of Hillsborough

Public Work Department  
1320 La Honda Road  
Hillsborough, California 94010  
Office: (650) 375-7444  
Fax: (650) 548-0859



## LETTER OF TRANSMITTAL

**TO:** Matt Fabry

**ADDRESS:** 50 Park Place  
Birsbane, CA 94005

**FROM:** Catherine Chan, *Assistant Engineer*  
(650) 579-3353

### Items Transmitted

<b>Item #</b>	<b>Description</b>
1	One signed copy of the Test Claim Form

### COMMENTS:

Please call me if you have any questions or comments.

---

<b>Transmitted:</b>	<input type="checkbox"/> As Requested	<input type="checkbox"/> For Your Use	<input checked="" type="checkbox"/> For Review & Process
	<input type="checkbox"/> Hand delivered		<input checked="" type="checkbox"/> US Mail <input checked="" type="checkbox"/> Overnight

**COMMISSION ON STATE MANDATES  
TEST CLAIM FORM**

Authorized by Government Code section 17553

(Revised 1/2005)

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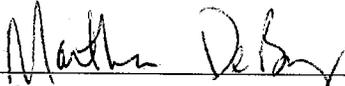
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Martha DeBry

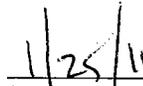
Print or Type Name of Authorized Local Agency  
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Public Works Director

Print or Type Title



Signature of Authorized Local Agency or  
School District Official



Date

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**LETTER OF TRANSMITTAL  
ENGINEERING DIVISION  
701 LAUREL STREET  
MENLO PARK, CA 94025  
PHONE: (650) 330-6740  
FAX: (650) 327-5497**

<b>TO: Matt Fabry – Stormwater Coordinator</b>
<b>City of Brisbane</b>
<b>50 Park Place</b>
<b>Brisbane, CA 94005-1310</b>

<b>DATE: 1/24/11</b>
<b>RE: Unfunded Mandate Test Claim</b>

**WE ARE SENDING YOU:**

- Attached
- Prints
- Plans
- Shop drawings
- Specifications
- Change order
- Samples
- Copy of letter
- \_\_\_\_\_
- Under separate cover via \_\_\_\_\_ the following:

Copies	Description
1	Test Claim Forms – Co-claimant

**THESE ARE TRANSMITTED AS CHECKED BELOW:**

- For approval
- Approved as submitted
- Resubmit \_\_\_\_ copies for approval
- For your use
- Approved as noted
- Resubmit \_\_\_\_ copies for distribution
- As requested
- Returned for corrections
- Return \_\_\_\_ corrected prints
- For review and comment
- \_\_\_\_\_
- For Bids Due \_\_\_\_\_, 20\_\_
- Return prints after loaned to us

<b>REMARKS:</b>
Forms attached for the City of Menlo Park to sign on as co-claimant with City of Brisbane for unfunded mandates. Thank you.

FROM: M. Fabry COPY TO: /

**COMMISSION ON STATE MANDATES  
TEST CLAIM FORM**

Authorized by Government Code section 17553  
(Revised 1/2005)

**GENERAL INSTRUCTIONS**

- Local agency and school district test claims shall be filed not later than 12 months following the effective date of a statute or executive order, or within 12 months of incurring increased costs as a result of a statute or executive order, whichever is later.
- Type all responses.
- Complete sections 1 through 8, as indicated. Failure to complete any of these sections will result in this test claim being returned as incomplete.
- Original test claim submissions shall be unbound, single-sided, and without tabs. Copies may be double-sided, but unbound and without tabs.
- Mail, or hand-deliver, one original and seven copies of your test claim submission to:

**Commission on State Mandates  
980 Ninth Street, Suite 300  
Sacramento, CA 95814**

*Within ten (10) days of receipt of a test claim, or its amendment, Commission staff will notify the claimant or claimant representative whether the submission is complete or incomplete. Test claims will be considered incomplete if any of the required sections are not included or are illegible. If a completed test claim is not received within thirty (30) calendar days from the date the incomplete test claim was returned, the executive director may disallow the original test claim filing date. A new test claim may be accepted on the same statute or executive order alleged to impose a mandate.*

You may download this form from our website! If you have any questions, please contact us:

Web Site: [www.csm.ca.gov](http://www.csm.ca.gov)  
Telephone: (916) 323-3562  
Fax: (916) 445-0278  
E-Mail: [csminfo@csm.ca.gov](mailto:csminfo@csm.ca.gov)

# 1. TEST CLAIM TITLE

Municipal Regional Stormwater Permit

# 2. CLAIMANT INFORMATION

City of Menlo Park

Name of Local Agency or School District

Charles W. Taylor

Claimant Contact

Engineering Services Manager

Title

701 Laurel Street

Street Address

Menlo Park, CA 94025

City, State, Zip

(650) 330-6740

Telephone Number

(650) 327-5497

Fax Number

CWTaylor@menlopark.org

E-Mail Address

# 3. CLAIMANT REPRESENTATIVE INFORMATION

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Richard Napier

Claimant Representative Name

Executive Director

Title

City/County Association of Governments of San Mateo County

Organization

555 County Center, 5th Floor

Street Address

Redwood City, CA 94063

City, State, Zip

(650) 599-1420

Telephone Number

(650) 361-8227

Fax Number

rnapiere@co.sanmateo.ca.us

E-Mail Address

For CSM Use Only

Filing Date:

Test Claim #:

# 4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED

Please identify all code sections, statutes, bill numbers, regulations, and/or executive orders that impose the alleged mandate (e.g., Penal Code Section 2045, Statutes 2004, Chapter 54 [AB 290]). When alleging regulations or executive orders, please include the effective date of each one.

Municipal Regional Stormwater Permit No. CAS612008, issued by the Regional Water Quality Control Board, San Francisco Region as Order No. R2-2009-0074 on October 14, 2009.

Copies of all statutes and executive orders cited are attached.

Sections 5, 6, and 7 are attached as follows:

5. Written Narrative: pages \_\_\_\_\_ to \_\_\_\_\_.

6. Declarations: pages \_\_\_\_\_ to \_\_\_\_\_.

7. Documentation: pages \_\_\_\_\_ to \_\_\_\_\_.

Sections 5, 6, and 7 should be answered on separate sheets of plain 8-1/2 x 11 paper. Each sheet should include the test claim name, the claimant, the section number, and heading at the top of each page.

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Under the heading "5. Written Narrative," please identify the specific sections of statutes or executive orders alleged to contain a mandate.

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- (F) Identification of all of the following funding sources available for this program:
  - (i) Dedicated state funds
  - (ii) Dedicated federal funds
  - (iii) Other nonlocal agency funds
  - (iv) The local agency's general purpose funds
  - (v) Fee authority to offset costs
- (G) Identification of prior mandate determinations made by the Board of Control or the Commission on State Mandates that may be related to the alleged mandate.

## 6. DECLARATIONS

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- (A) declare actual or estimated increased costs that will be incurred by the claimant to implement the alleged mandate;
- (B) identify all local, state, or federal funds, and fee authority that may be used to offset the increased costs that will be incurred by the claimant to implement the alleged mandate, including direct and indirect costs;
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- (D) are signed under penalty of perjury, based on the declarant's personal knowledge, information or belief, by persons who are authorized and competent to do so.

## 7. DOCUMENTATION

Under the heading "7. Documentation," support the written narrative with copies of all of the following:

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- (B) the executive order, identified by its effective date, alleged to impose or impact a mandate; and
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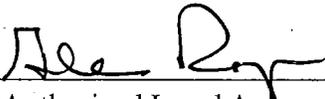
## 8. CLAIM CERTIFICATION

*Read, sign, and date this section and insert at the end of the test claim submission.\**

This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this test claim submission is true and complete to the best of my own knowledge or information or belief.

Glen Rojas  
\_\_\_\_\_  
Print or Type Name of Authorized Local Agency  
or School District Official

City Manager  
\_\_\_\_\_  
Print or Type Title

  
\_\_\_\_\_  
Signature of Authorized Local Agency or  
School District Official

January 14, 2011  
\_\_\_\_\_  
Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

Glen Rojas  
City Manager  
  
City of Menlo Park  
701 Laurel Street  
Menlo Park, CA 94025  
Phone: (650) 330-6740  
Fax: (650) 327-5497  
E-mail: grojas@menlopark.org



CLAIM CERTIFICATION

*Read, sign, and date this section and insert at the end of the test claim submission.\**

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Khee Lim  
Print or Type Name of Authorized Local Agency  
or School District Official

Millbrae City Engineer  
Print or Type Title



1-18-2011

Signature of Authorized Local Agency or  
School District Official

Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

Cecilia M. Quick  
City Attorney  
(650) 738-7408  
FAX (650) 359-8947

Office of the City Attorney  
**City of Pacifica**  
170 Santa Maria Avenue  
Pacifica, California 94044



*Scenic Pacifica*

January 27, 2011

City of Brisbane  
Attn: Matthew Fabry  
50 Park Place  
Brisbane, CA 94005

**Re: City of Pacifica Co-Claimant Designation in Test Claim for Unfunded Mandates  
Relating to California Regional Water Quality Control Board, San Francisco Bay  
Region, Permit No. CAS612008, issued as Order No. R2-2009-0074**

Dear Mr. Fabry,

I am writing on behalf of the City of Pacifica in response to Mr. Richard Napier's January 11, 2011, letter regarding the designation of co-claimants in the above-captioned proceeding. The City of Pacifica would like to accept the City/County Association of Governments of San Mateo County's (C/CAG) offer serve as Pacifica's representative in the Test Claim proceedings, and to coordinate with the City of Brisbane to designate Pacifica as a co-claimant.

In accordance with Mr. Napier's direction, enclosed herewith is a Test Claim Form with an executed Claim Certification. By this letter, and by transmission of the Test Claim Form, Pacifica requests and authorizes the C/CAG Executive Director to serve as Pacifica's representative in proceedings before the Commission on State Mandates on the Test Claim.

Please do not hesitate to contact me if you have any questions or concerns, and please keep me apprised of developments in the Test Claim proceedings.

Sincerely,

Cecilia M. Quick  
City Attorney

Enclosure

Cc: Gregory J. Newmark  
John D. Bakker  
Ray Donguines  
Lizzy Claycomb

**1. TEST CLAIM TITLE**

San Mateo County Regional Stormwater Permit

**2. CLAIMANT INFORMATION**

City of Pacifica

Name of Local Agency or School District

Cecilia M. Quick

Claimant Contact

Pacifica City Attorney

Title

170 Santa Maria Avenue

Street Address

Pacifica, CA 94044

City, State, Zip

(650) 738-7408

Telephone Number

(650) 738-3947

Fax Number

quickc@ci.pacifica.ca.us

E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Richard Napier

Claimant Representative Name

Executive Director

Title

City/County Assoc. of Governments of San Mateo County

Organization

555 County Center, 5th Floor

Street Address

Redwood City, CA 94063

City, State, Zip

(650) 599-1420

Telephone Number

(650) 361-8227

Fax Number

rnapierr@co.sanmateo.ca.us

E-Mail Address

*For CSM Use Only*

Filing Date:

Test Claim #:

**4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED**

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**5. Written Narrative:** pages \_\_\_\_\_ to \_\_\_\_\_.

**6. Declarations:** pages \_\_\_\_\_ to \_\_\_\_\_.

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TEST CLAIM FORM**Authorized by Government Code section 17553  
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E-Mail: [csminfo@csm.ca.gov](mailto:csminfo@csm.ca.gov)

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## 5. WRITTEN NARRATIVE

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**8. CLAIM CERTIFICATION**

*Read, sign, and date this section and insert at the end of the test claim submission.\**

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Cecilia M. Quick

Print or Type Name of Authorized Local Agency  
or School District Official

Pacifica City Attorney

Print or Type Title

Cecilia M. Quick

Signature of Authorized Local Agency or  
School District Official

1/28/11

Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*



**COMMISSION ON STATE MANDATES****TEST CLAIM FORM**

Authorized by Government Code section 17553

(Revised 1/2005)

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**CLAIM CERTIFICATION**

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Howard Young  
Print or Type Name of Authorized Local Agency  
or School District Official

Director of Public Works  
Print or Type Title

  
Signature of Authorized Local Agency or  
School District Official

1/19/11  
Date

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**COMMISSION ON STATE MANDATES  
TEST CLAIM FORM**Authorized by Government Code section 17553  
(Revised 1/2005)**RECEIVED**

JAN 31 2011

Brisbane Public Works Dept.

**GENERAL INSTRUCTIONS**

Redwood City, CA

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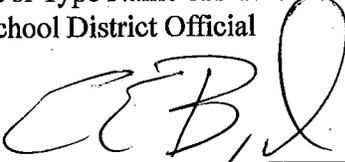
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Evan Boyd

Print or Type Name of Authorized Local Agency  
or School District Official



Signature of Authorized Local Agency or  
School District Official

Public Works Services Director

Print or Type Title

January 28, 2011

Date

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# LETTER OF TRANSMITTAL

CITY OF SAN BRUNO

PUBLIC WORKS - ADMINISTRATION & ENGINEERING

DATE: January 27, 2011

FROM: Klara Fabry

ATTENTION: Matthew Fabry, P.E.

RE: Claim Form

TO: Water Pollution Prevention Program  
50 Park Place  
Brisbane, CA 94005-1310

### WE ARE SENDING YOU THE FOLLOWING ITEMS:

- |                                 |  |   |   |
|---------------------------------|--|---|---|
| <input type="checkbox"/> Plans  | <input type="checkbox"/> Change Orders | <input type="checkbox"/> Letters        | <input type="checkbox"/> Under Separate Cover |
| <input type="checkbox"/> Copies | <input type="checkbox"/> Contracts     | <input type="checkbox"/> Specifications | <input checked="" type="checkbox"/> Other     |

### DESCRIPTION:

Executed Claim Form

### THESE ARE TRANSMITTED AS CHECKED BELOW:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> For Approval            | <input type="checkbox"/> Approved as Submitted | <input type="checkbox"/> Resubmit as Noted |
| <input type="checkbox"/> For Signature           | <input type="checkbox"/> Approved as Noted     | <input type="checkbox"/> Returned          |
| <input checked="" type="checkbox"/> For Your Use | <input type="checkbox"/> Review and Comment    | <input type="checkbox"/> As Requested      |
| <input type="checkbox"/> For Your Information    | <input type="checkbox"/> For Bids Due On:      |  |
| <input type="checkbox"/> Other:                  |  |  |

### REMARKS:

Copies:

*Mirella Ramirez for*

Signed

*Klara Fabry*

File: Stormwater Prevention

**1. TEST CLAIM FILED**

~~San Mateo County Regional Stormwater Permit~~

**2. CLAIMANT INFORMATION**

City of San Bruno

Name of Local Agency or School District  
Klara A. Fabry

Claimant Contact  
Public Services Director

Title  
567 El Camino Real

Street Address  
San Bruno, CA 94066

City, State, Zip  
(650) 616-7065

Telephone Number  
(650) 794-1443

Fax Number  
kfabry@sanbruno.ca.gov

E-Mail Address

**3. CLAIMANT REPRESENTATIVE INFORMATION**

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Richard Napier  
Claimant Representative Name  
Executive Director  
Title  
City/County Association of Governments of San Mateo County  
Organization  
555 County Center, 5th Floor  
Street Address  
Redwood City, CA 94063  
City, State, Zip  
650-599-1420  
Telephone Number  
650-361-8227  
Fax Number  
rnapier@co.sanmateo.ca.us  
E-Mail Address

*For CSM Use Only*  
Filing Date:  
  
  
Test Claim #:

**4. TEST CLAIM'S STATUTES OR EXECUTIVE ORDERS CITED**

*Please identify all code sections, statutes, bill numbers, regulations, and/or executive orders that impose the alleged mandate (e.g., Penal Code Section 2045, Statutes 2004, Chapter 54 [AB 290]). When alleging regulations or executive orders, please include the effective date of each one.*

MUNICIPAL REGIONAL STORMWATER PERMIT No. CAS612008, issued by the Regional Water Quality Control Board, San Francisco Region as Order No. R2-2009-0074 on October 14, 2009.

Copies of all statutes and executive orders cited are attached.

Sections 5, 6, and 7 are attached as follows:

- 5. Written Narrative: pages \_\_\_\_ to \_\_\_\_.
- 6. Declarations: pages \_\_\_\_ to \_\_\_\_.
- 7. Documentation: pages \_\_\_\_ to \_\_\_\_.

Sections 5, 6, and 7 should be answered on separate sheets of plain 8-1/2 x 11 paper. Each sheet should include the test claim name, the claimant, the section number, and heading at the top of each page.

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Under the heading "5. Written Narrative," please identify the specific sections of statutes or executive orders alleged to contain a mandate.

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- (D) are signed under penalty of perjury, based on the declarant's personal knowledge, information or belief, by persons who are authorized and competent to do so.

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8 CLAIM CERTIFICATION

*Read, sign, and date this section and insert at the end of the test claim submission.\**

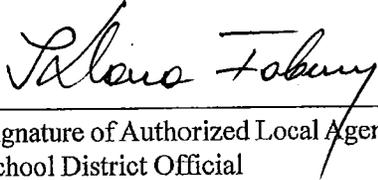
This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this test claim submission is true and complete to the best of my own knowledge or information or belief.

Klara A. Fabry

Public Services Director

Print or Type Name of Authorized Local Agency  
or School District Official

Print or Type Title



January 27, 2011

Signature of Authorized Local Agency or  
School District Official

Date

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# CITY OF SAN CARLOS



January 27, 2011

GREGORY J. RUBENS  
CITY ATTORNEY  
939 LAUREL STREET, SUITE D  
P.O. BOX 1065  
SAN CARLOS, CALIFORNIA 94070

TELEPHONE (650) 593-3117  
FAX (650) 637-1401

Email: [grubens@cityofsancarlos.org](mailto:grubens@cityofsancarlos.org)  
WEB: <http://www.cityofsancarlos.org>

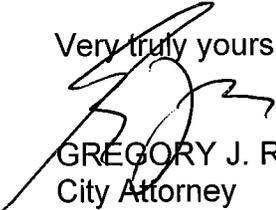
VIA FEDERAL EXPRESS  
City of Brisbane  
Attn: Matthew Fabry  
50 Park Place  
Brisbane, CA 94005

Re: Test Claim for Unfunded Mandates Relating to California Water Quality Control Board, San Francisco Region, Permit No. CAS612008, issued as Order No. R2-2009-0074 (October 14, 2009).

Dear Mr. Fabry:

Enclosed please find the Test Claim Form for the City of San Carlos. Please contact me if you need any additional information.

Very truly yours,

  
GREGORY J. RUBENS  
City Attorney

GJR:mac

Enclosure

Cc: Robert Weil, Public Works Director/City Engineer

**COMMISSION ON STATE MANDATES  
TEST CLAIM FORM**Authorized by Government Code section 17553  
(Revised 1/2005)**GENERAL INSTRUCTIONS**

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- Type all responses.
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- Mail, or hand-deliver, one original and seven copies of your test claim submission to:

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980 Ninth Street, Suite 300  
Sacramento, CA 95814**

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You may download this form from our website! If you have any questions, please contact us:

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Fax: (916) 445-0278  
E-Mail: [csminfo@csm.ca.gov](mailto:csminfo@csm.ca.gov)



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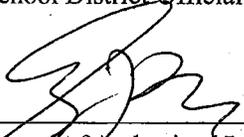
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Gregory J. Rubens

City Attorney

\_\_\_\_\_  
Print or Type Name of Authorized Local Agency  
or School District Official

\_\_\_\_\_  
Print or Type Title

  
\_\_\_\_\_  
Signature of Authorized Local Agency or  
School District Official

January 27, 2011

\_\_\_\_\_  
Date

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Vernon Bessey  
\_\_\_\_\_  
Print or Type Name of Authorized Local Agency  
or School District Official

Environmental Programs Manager  
\_\_\_\_\_  
Print or Type Title

*Vernon Bessey*  
\_\_\_\_\_  
Signature of Authorized Local Agency or  
School District Official

*1/26/2011*  
\_\_\_\_\_  
Date

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Authorized by Government Code section 17553  
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**1. TEST CLAIM TITLE**

San Mateo County Regional Stormwater Permit

**2. CLAIMANT INFORMATION**

County of San Mateo

Name of Local Agency or School District  
James C. Porter

Claimant Contact  
Director, Department of Public Works

Title  
555 County Center, 5th Floor

Street Address  
Redwood City, CA 94063

City, State, Zip  
(650) 599-1421

Telephone Number  
(650) 361-8220

Fax Number  
jporter@co.sanmateo.ca.us

E-Mail Address

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Claimant Representative Name

Executive Director  
Title

City/County Association of Governments of San Mateo County  
Organization

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Redwood City, CA 94063  
City, State, Zip

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*For CSM Use Only*

Filing Date:

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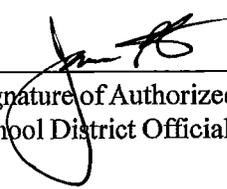
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James C. Porter

Director of Public Works

\_\_\_\_\_  
Print or Type Name of Authorized Local Agency  
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\_\_\_\_\_  
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1-14-11  
\_\_\_\_\_  
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San Mateo County Flood Control District

Name of Local Agency or School District  
James C. Porter

Claimant Contact  
Director, County of San Mateo Dept. of Public Works

Title  
555 County Center, 5th Floor

Street Address  
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<i>For CSM Use Only</i>	
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**CLAIM CERTIFICATION**

*Read, sign, and date this section and insert at the end of the test claim submission. \**

This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this test claim submission is true and complete to the best of my own knowledge or information or belief.

James C. Porter

Director of Public Works

Print or Type Name of Authorized Local Agency  
or School District Official

Print or Type Title

  
Signature of Authorized Local Agency or  
School District Official

1-14-11  
Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*



CITY COUNCIL 2011

KEVIN MULLIN, MAYOR  
RICHARD A. GARBARINO, VICE MAYOR  
MARK ADDIEGO, COUNCILMEMBER  
PEDRO GONZALEZ, COUNCILMEMBER  
KARYL MATSUMOTO, COUNCILMEMBER

BARRY M. NAGEL, CITY MANAGER

OFFICE OF THE CITY MANAGER

January 28, 2011

City of Brisbane  
Attn: Matthew Fabry  
50 Park Place  
Brisbane, CA 94005

Subject: South San Francisco Test Claim Form

Dear Matt,

Please find attached the completed signed Test Claim Form for the City of South San Francisco. Please call me if you require any additional documents.

Regards,

A handwritten signature in black ink, appearing to read "S. Mattas", with a long horizontal line extending to the right.

Steven T. Mattas  
City Attorney

1. TEST CLAIM TITLE

San Mateo County Regional Stormwater Permit

2. CLAIMANT INFORMATION

South San Francisco  
Name of Local Agency or School District

Steven Mattas  
Claimant Contact

City Attorney  
Title

400 Grand Avenue  
Street Address

South San Francisco, CA 94080

City, State, Zip  
650-877-8515

Telephone Number  
415-421-3767

Fax Number  
Steve.Mattas@ssf.net

E-Mail Address

3. CLAIMANT REPRESENTATIVE INFORMATION

Claimant designates the following person to act as its sole representative in this test claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing; and sent to the Commission on State Mandates.

Richard Napier  
Claimant Representative Name

Executive Director  
Title

City/County Association of Governments of San Mateo County  
Organization

555 County Center, 5th Floor  
Street Address

Redwood City, CA 94063

City, State, Zip  
650-599-1420

Telephone Number  
650-361-8227

Fax Number  
rnapier@co.sanmateo.ca.us

E-Mail Address

<i>For CSM Use Only</i>	
Filing Date:	
Test Claim #:	

4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED

Please identify all code sections, statutes, bill numbers, regulations, and/or executive orders that impose the alleged mandate (e.g., Penal Code Section 2045, Statutes 2004, Chapter 54 [AB 290]). When alleging regulations or executive orders, please include the effective date of each one.

MUNICIPAL REGIONAL STORMWATER PERMIT No. CAS612008, issued by the Regional Water Quality Control Board, San Francisco Region as Order No. R2-2009-0074 on October 14, 2009.

Copies of all statutes and executive orders cited are attached.

Sections 5, 6, and 7 are attached as follows:  
5. Written Narrative: pages \_\_\_\_ to \_\_\_\_.  
6. Declarations: pages \_\_\_\_ to \_\_\_\_.  
7. Documentation: pages \_\_\_\_ to \_\_\_\_.

CLAIM CERTIFICATION

*Read, sign, and date this section and insert at the end of the test claim submission.\**

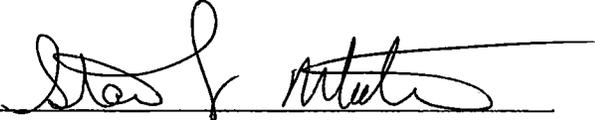
This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this test claim submission is true and complete to the best of my own knowledge or information or belief.

Steven Mattas

Print or Type Name of Authorized Local Agency  
or School District Official

City Attorney

Print or Type Title

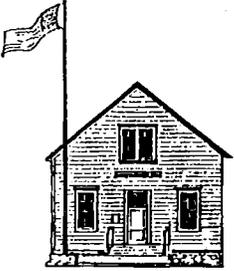


Signature of Authorized Local Agency or  
School District Official

January 27, 2011

Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*



The Town of  
Woodside

Office of the Town Attorney  
939 Laurel Street, Suite D  
San Carlos, CA 94070  
(650) 593-3117

January 26, 2011

VIA FEDERAL EXPRESS  
City of Brisbane  
Attn: Matthew Fabry  
50 Park Place  
Brisbane, CA 94005

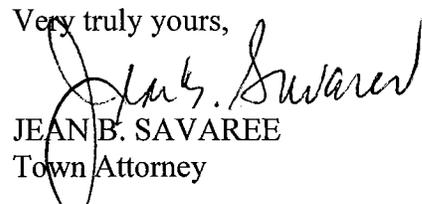
Re: Test Claim for Unfunded Mandates Relating to California Water  
Quality Control Board, San Francisco Region, Permit No.  
CAS612008, issued as Order No. R2-2009-0074 (October 14,  
2009).

Dear Mr. Fabry:

Enclosed please find the Test Claim Form for the Town of Woodside.  
Please contact me if you need any additional information.

P.O. Box 620005  
2955 Woodside Road  
Woodside, CA 94062

Very truly yours,

  
JEAN B. SAVAREE  
Town Attorney

JBS:mac  
Enclosure  
Cc: Paul Nagengast, Town Engineer

**COMMISSION ON STATE MANDATES  
TEST CLAIM FORM**

Authorized by Government Code section 17553  
(Revised 1/2005)

**GENERAL INSTRUCTIONS**

- Local agency and school district test claims shall be filed not later than 12 months following the effective date of a statute or executive order, or within 12 months of incurring increased costs as a result of a statute or executive order, whichever is later.
- Type all responses.
- Complete sections 1 through 8, as indicated. Failure to complete any of these sections will result in this test claim being returned as incomplete.
- Original test claim submissions shall be unbound, single-sided, and without tabs. Copies may be double-sided, but unbound and without tabs.
- Mail, or hand-deliver, one original and seven copies of your test claim submission to:

**Commission on State Mandates  
980 Ninth Street, Suite 300  
Sacramento, CA 95814**

*Within ten (10) days of receipt of a test claim, or its amendment, Commission staff will notify the claimant or claimant representative whether the submission is complete or incomplete. Test claims will be considered incomplete if any of the required sections are not included or are illegible. If a completed test claim is not received within thirty (30) calendar days from the date the incomplete test claim was returned, the executive director may disallow the original test claim filing date. A new test claim may be accepted on the same statute or executive order alleged to impose a mandate.*

You may download this form from our website! If you have any questions, please contact us:

Web Site: [www.csm.ca.gov](http://www.csm.ca.gov)  
Telephone: (916) 323-3562  
Fax: (916) 445-0278  
E-Mail: [csminfo@csm.ca.gov](mailto:csminfo@csm.ca.gov)



Sections 5, 6, and 7 should be answered on separate sheets of plain 8-1/2 x 11 paper. Each sheet should include the test claim name, the claimant, the section number, and heading at the top of each page.

#### 5. WRITTEN NARRATIVE

Under the heading "5. Written Narrative," please identify the specific sections of statutes or executive orders alleged to contain a mandate.

Include a statement that actual and/or estimated costs resulting from the alleged mandate exceeds one thousand dollars (\$1,000), and include all of the following elements for each statute or executive order alleged:

- (A) A detailed description of the new activities and costs that arise from the mandate.
- (B) A detailed description of existing activities and costs that are modified by the mandate.
- (C) The actual increased costs incurred by the claimant during the fiscal year for which the claim was filed to implement the alleged mandate.
- (D) The actual or estimated annual costs that will be incurred by the claimant to implement the alleged mandate during the fiscal year immediately following the fiscal year for which the claim was filed.
- (E) A statewide cost estimate of increased costs that all local agencies or school districts will incur to implement the alleged mandate during the fiscal year immediately following the fiscal year for which the claim was filed.
- (F) Identification of all of the following funding sources available for this program:
  - (i) Dedicated state funds
  - (ii) Dedicated federal funds
  - (iii) Other nonlocal agency funds
  - (iv) The local agency's general purpose funds
  - (v) Fee authority to offset costs
- (G) Identification of prior mandate determinations made by the Board of Control or the Commission on State Mandates that may be related to the alleged mandate.

#### 6. DECLARATIONS

Under the heading "6. Declarations," support the written narrative with declarations that:

- (A) declare actual or estimated increased costs that will be incurred by the claimant to implement the alleged mandate;
- (B) identify all local, state, or federal funds, and fee authority that may be used to offset the increased costs that will be incurred by the claimant to implement the alleged mandate, including direct and indirect costs;
- (C) describe new activities performed to implement specified provisions of the new statute or executive order alleged to impose a reimbursable state-mandated program (specific references shall be made to chapters, articles, sections, or page numbers alleged to impose a reimbursable state-mandated program); and
- (D) are signed under penalty of perjury, based on the declarant's personal knowledge, information or belief, by persons who are authorized and competent to do so.

#### 7. DOCUMENTATION

Under the heading "7. Documentation," support the written narrative with copies of all of the following:

- (A) the test claim statute that includes the bill number alleged to impose or impact a mandate; and/or
- (B) the executive order, identified by its effective date, alleged to impose or impact a mandate; and
- (C) relevant portions of state constitutional provisions, federal statutes, and executive orders that may impact the alleged mandate; and
- (D) administrative decisions and court decisions cited in the narrative. Published court decisions arising from a state mandate determination by the Board of Control or the Commission are exempt from this requirement.

**CLAIM CERTIFICATION**

*Read, sign, and date this section and insert at the end of the test claim submission.\**

This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this test claim submission is true and complete to the best of my own knowledge or information or belief.

Paul T. Nagengast  
Print or Type Name of Authorized Local Agency  
or School District Official

Town Engineer  
Print or Type Title

Paul T. Nagengast  
Signature of Authorized Local Agency or  
School District Official

1-21-11  
Date

*\* If the declarant for this Claim Certification is different from the Claimant contact identified in section 2 of the test claim form, please provide the declarant's address, telephone number, fax number, and e-mail address below.*

**DECLARATION OF SERVICE BY EMAIL**

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On April 19, 2017, I served the:

- Notice of Incomplete Joint Test Claim Filing issued April 19, 2017
- City of Brisbane's Addition of Co-Claimants filed May 27, 2011
- City of Alameda's Co-Claimants' Declarations: City of Albany, County of Alameda, Alameda County Flood Control and Water Conservation District, Alameda County Flood Control and Water Conservation District, Zone 7, City of Berkeley, City of Dublin, City of Emeryville, City of Fremont, City of Hayward, City of Livermore, City of Newark, City of Oakland, City of Pleasanton, City of San Leandro, City of Union City, and James Scanlin in Support of Test Claim, filed October 14, 2010
- City of Brisbane's Co-Claimants' Declarations: San Mateo County Flood Control District, Town of Atherton, City of Belmont, Town of Colma, City of Foster City, City of Half Moon Bay, Town of Hillsborough, City of Menlo Park, City of Millbrae, City of San Bruno, City of San Carlos, City of San Mateo, Town of Woodside, filed October 12, 2010-October 18, 2010

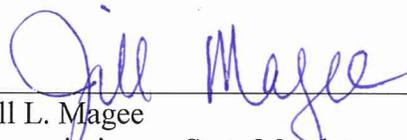
*California Regional Water Quality Control Board, San Francisco Bay Region,  
Order No. R2-2009-0074, Provisions C.2.b, C.2.c, C.2.e, C.2.f, C.8.b, C.8.c, C.8.d,  
C.8.e.i, ii and iv, C.8.f, C.8.g, C.10.a.i, ii, and iii, C.10.b, C.10.c, C.10.d, C.11.f, and  
C.12.f,*

10-TC-01, 10-TC-02, 10-TC-03, and 10-TC-05

Cities of Alameda, Brisbane, and San Jose, and County of Santa Clara, Claimants

by making them available on the Commission's website and providing notice of how to locate them to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on April 19, 2017 at Sacramento, California.



Jill L. Magee  
Commission on State Mandates  
980 Ninth Street, Suite 300  
Sacramento, CA 95814  
(916) 323-3562

# COMMISSION ON STATE MANDATES

## Mailing List

**Last Updated:** 4/5/17

**Claim Number:** 10-TC-01, 10-TC-02, 10-TC-03, and 10-TC-05

**Matter:** California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074, Provisions C.2.b, C.2.c, C.2.e, C.2.f, C.8.b, C.8.c, C.8.d, C.8.e.i, ii, and iv, C.8.f, C.8.g, C.10.a.i, ii, iii, C.10.b, C.10.c, C.10.d, C.11.f, and C.12.f

**Claimant:** Cities of Alameda, Brisbane, and San Jose, and County of Santa Clara

### TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

**Shahram Aghamir**, City Engineer, *City of Alameda*  
950 West Mall Square, Alameda, CA 94501  
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saghamir@alamedaca.gov

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**Nicole Almaguer**, Environmental Specialist, *City of Albany*  
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**Leticia Alvarez**, *City of Belmont*  
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SAquino@sco.ca.gov

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Tamarin.Austin@waterboards.ca.gov

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harmeet@calsdrc.com

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950 West Mall Square, Room 110, Alameda, CA 94501

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jbarse@alamedaca.gov

**Lacey Baysinger**, *State Controller's Office*

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**Shanda Beltran**, General Counsel, *Building Industry Legal Defense Foundation*

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sbeltran@biasc.org

**David Benoun**, City Attorney, *City of Newark*

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david.benoun@newark.org

**Vernon Bessey**, Environmental Programs Manager, *City of San Mateo*

330 W. 20th Avenue, San Mateo, CA 94403

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vbessey@cityofsanmateo.org

**Cindy Black**, City Clerk, *City of St. Helena*

1480 Main Street, St. Helena, CA 94574

Phone: (707) 968-2742

cityclerk@cityofstheleena.org

**Dale Bowyer**, Section Leader, *San Francisco Bay Regional Water Quality Control B*

1515 Clay Street, Suite 1400, Oakland, CA 94612

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**Evan Boyd**, Public Works Services Director, *City of Redwood City*

1400 Broadway Street, Redwood City, CA 94063-2505

Phone: (650) 780-7477

mharang@redwoodcity.org

**Randy Breault**, Director of Public Works/City Engineer, *City of Brisbane*

**Claimant Representative**

50 Park Place, Brisbane, CA 94005

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rbreault@ci.brisbane.ca.us

**Allan Burdick,**

7525 Myrtle Vista Avenue, Sacramento, CA 95831

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allanburdick@gmail.com

**J. Bradley Burgess, *MGT of America***

895 La Sierra Drive, Sacramento, CA 95864

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Bburgess@mgtamer.com

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**Joan Cassman, *Hanson Bridgett LLP***

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achinnrcs@aol.com

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333 Church Street, Santa Cruz, CA 95060

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tcondotti@abc-law.com

**Anita Dagan, Manager, Local Reimbursement Section, *State Controller's Office***

Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740, Sacramento, CA 95816

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Adagan@sco.ca.gov

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**David Huynh**, Associate Engineer, *Town of Atherton*  
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**Mark Ibele**, *Senate Budget & Fiscal Review Committee*  
California State Senate, State Capitol Room 5019, Sacramento, CA 95814  
Phone: (916) 651-4103  
Mark.Ibele@sen.ca.gov

**Mary Eleonor Ignacio**, Assistant City Attorney, *Redwood City*  
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irene.islas@bbkllaw.com

**Edward Jewik**, *County of Los Angeles*  
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**Jill Kanemasu**, *State Controller's Office*  
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akato@sco.ca.gov

**Maurice Kaufman**, Public Works Director/City Engineer, *City of Emeryville*

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