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Gregory J. Newmark
Attorney at Law
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RECEIVED
MAY 02 2011
COMMISSION ON
STATE MANDATES

April 28, 2011

Nancy Patton, Assistant Executive Director
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814

Re: Test Claim No. 10-TC-02
City of Alameda's Designation of Co-Claimants

Dear Ms. Patton:

We are writing on behalf of the City of Alameda to designate the County of Alameda, the Cities of Albany, Berkeley, Dublin, Emeryville, Fremont, Hayward, Livermore, Newark, Oakland, Pleasanton, San Leandro, Union City, the Alameda County Flood Control & Water Conservative District, and Alameda County Flood Control and Water Conservation, Zone 7 (hereinafter "Alameda County Jurisdictions") as co-claimants in Test Claim No. 10-TC-02.

On October 13, 2010, the City of Alameda filed a test claim pertaining to the California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (hereinafter "Order"), asserting the Order was a reimbursable state-mandated program pursuant to article XIII B, section 6 of the California Constitution and Government Code section 17514.

On October 14, 2010, the rest of the Alameda County Jurisdictions filed test claims pertaining to the Order. These filings were not accepted on the ground that the City of Alameda's test claim was the first filed.

As you know from our telephone conversations on the subject, 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:

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.

Nancy Patton, Assistant Executive Director

April 28, 2011

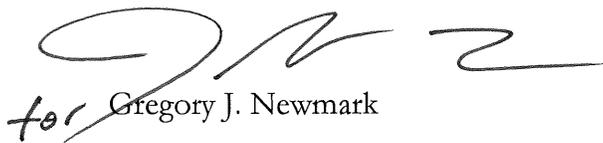
Page 2

Cal. Code Regs., tit. 2, § 1183, subd. (h).

To effectuate the designation of the rest of the Alameda County Jurisdictions as co-claimants with the City of Alameda in Test Claim No. 10-TC-02, as a joint effort between the Alameda County Jurisdictions, enclosed are new Test Claim forms from those jurisdictions. These Test Claim forms constitute documentation that each co-claimant asserts that state-mandated costs resulted from the Order, and designate me as the sole contact person to act as the resource for information regarding Test Claim No. 10-TC-02. In accordance with your direction in our prior telephone calls, we are not re-submitting declarations for all jurisdictions because the Commission has retained copies of the declaration for each Alameda County Jurisdiction. These declarations demonstrate that the co-claimants agree on all issues of Test Claim No. 10-TC-02.

In summary, and for the foregoing reasons, the City of Alameda hereby properly designates all Alameda County Jurisdictions as co-claimants in Test Claim No. 10-TC-02. Please do not hesitate to contact me if you have any questions.

Sincerely,


for Gregory J. Newmark

GJN:ejg
Enclosures
1618465.1

DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Los Angeles and I am over the age of 18 years, and not a party to the within action. My place of employment is 333 South Grand Avenue, Suite 1670, Los Angeles, California 90071.

On April 29, 2011, I served the:

1. City of Alameda's Designation of Co-Claimants

by electronically filing it on the Commission's website, which provides notice of how to locate it to the email addresses provided on the test claim 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 29, 2011, at Los Angeles, California.


Lillian Dominguez

1. TEST CLAIM TITLE

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

2. CLAIMANT INFORMATION

City of Albany
Name of Local Agency or School District
Nicole Almaguer
Claimant Contact
Environmental Specialist
Title
1000 San Pablo Avenue
Street Address
Albany, California 94706
City, State, Zip
510.528.5754
Telephone Number
510.524.9359
Fax Number
nalmaguer@albanyca.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.

Gregory J. Newmark
Claimant Representative Name
Special Counsel
Title
Meyers Nave Riback Silver & Wilson
Organization
555 12th Street, Suite 1500
Street Address
Oakland, California 94607
City, State, Zip
510.808.2000
Telephone Number
510.444.1108
Fax Number
gnewmark@meyersnave.com
E-Mail Address

RECEIVED
Filing Date
MAY 02 2011
COMMISSION ON STATE MANDATES
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

California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (NPDES No. CAS612008)

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.
- (H) Identification of a legislatively determined mandate pursuant to Government Code section 17573 that is on the same statute or executive order.

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);
- (D) If applicable, describe the period of reimbursement and payments received for full reimbursement of costs for a legislatively determined mandate pursuant to Section 17573, and the authority to file a test claim pursuant to paragraph (1) of subdivision (c) of Section 17574.
- (E) 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; and
- (E) statutes, chapters of original legislatively determined mandate and any amendments.

CLAIM CERTIFICATION

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

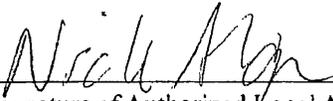
This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in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

Nicole Almaguer

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

Environmental Specialist

Print or Type Title


Signature of Authorized Local Agency or
School District Official

3/15/11
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.*

1. TEST CLAIM TITLE

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

2. CLAIMANT INFORMATION

City of Union City
Name of Local Agency or School District
Benjamin Reyes
Claimant Contact
City Attorney
Title
34009 Alvarado-Niles Road
Street Address
Union City, California 94587
City, State, Zip
510.471.3232
Telephone Number
510.475.7318
Fax Number
breyes@meyersnave.com
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.

Gregory J. Newmark
Claimant Representative Name
Special Counsel
Title
Meyers Nave Riback Silver & Wilson
Organization
555 12th Street, Suite 1500
Street Address
Oakland, California 94607
City, State, Zip
510.808.2000
Telephone Number
510.444.1108
Fax Number
gnewmark@meyersnave.com
E-Mail Address

For CSM Use Only
Filing Date **RECEIVED**
MAY 02 2011
COMMISSION ON STATE MANDATES
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.

California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (NPDES No. CAS612008)

Copies of all statutes and executive orders cited are attached.

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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:

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6. DECLARATIONS

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7. DOCUMENTATION

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

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

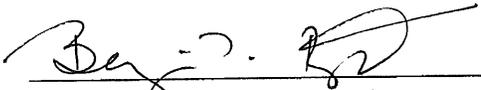
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Benjamin Reyes

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

City Attorney, City of Union City

Print or Type Title



Signature of Authorized Local Agency or
School District Official

2/17/2011

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 TITLE

Calif. Reg. Water Quality Control Board, San
 Francisco Bay Region, Order # R2-2009-0074

2. CLAIMANT INFORMATION

City of San Leandro

Name of Local Agency or School District

Jayne Williams

Claimant Contact

City Attorney, City of San Leandro

Title

835 East 14th Street

Street Address

San Leandro, California 94577

City, State, Zip

510.577.3200

Telephone Number

510.577.3340

Fax Number

jwilliams@meyersnave.com

E-Mail Address

3. CLAIMANT REPRESENTATIVE INFORMATION

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Gregory J. Newmark

Claimant Representative Name

Special Counsel

Title

Meyers Nave Riback Silver & Wilson

Organization

555 12th Street, Suite 1500

Street Address

Oakland, California 94607

City, State, Zip

510.808.2000

Telephone Number

510.444.1108

Fax Number

gnewmark@meyersnave.com

E-Mail Address

<small>For GSM Use Only</small> RECEIVED Filing Date MAY 02 2011 COMMISSION ON STATE MANDATES Test Claim #:

4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED

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California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (NPDES No. CAS612008)

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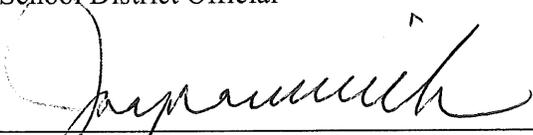
8. CLAIM CERTIFICATION

*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.

Jayne Williams

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



Signature of Authorized Local Agency or
School District Official

City Attorney, City of San Leandro

Print or Type Title

2-17-11

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.*

TEST CLAIM TITLE

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

CLAIMANT INFORMATION

City of Emeryville
Name of Local Agency or School District
Patrick O'Keefe O'KEEFE
Claimant Contact
City Manager
Title
1333 Park Avenue
Street Address
Emeryville, California 95608
City, State, Zip
510.596.4371
Telephone Number
510.596.3724
Fax Number POKEEFE
pokeefe@ci.emeryville.org
E-Mail Address

CLAIMANT REPRESENTATIVE CONTACT 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.

Gregory J. Newmark
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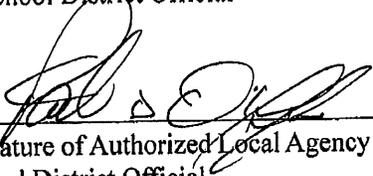
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Patrick O'Keefe ~~O'KEEFE~~

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



Signature of Authorized Local Agency or
School District Official

City Manager

Print or Type Title

2/24/11

Date

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Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

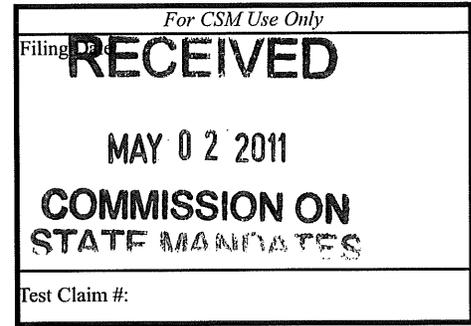
2. CLAIMANT INFORMATION

City of Pleasanton
Name of Local Agency or School District
Abbas Masjedi, P.E.
Claimant Contact
Utility Engineer
Title
3333 Busch Road
Street Address
Pleasanton, California 94566-0802
City, State, Zip
925.931.5508
Telephone Number
925.931.5595
Fax Number
amasjedi@ci.pleasanton.ca.us
E-Mail Address

3. CLAIMANT REPRESENTATIVE INFORMATION

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Gregory J. Newmark
Claimant Representative Name
Special Counsel
Title
Meyers Nave Riback Silver & Wilson
Organization
555 12th Street, Suite 1500
Street Address
Oakland, California 94607
City, State, Zip
510.808.2000
Telephone Number
510.444.1108
Fax Number
gnewmark@meyersnave.com
E-Mail Address



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.

California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (NPDES No. CAS612008)

Copies of all statutes and executive orders cited are attached.

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

- 5. Written Narrative:** pages ____ to ____.
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- (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:
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 - (ii) Dedicated federal funds
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6. DECLARATIONS

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

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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.

Abbas Masjedi, P.E.

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

Utility Engineer

Print or Type Title



Signature of Authorized Local Agency or
School District Official

2/22/2011

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 TITLE

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

2. CLAIMANT INFORMATION

City of Newark
Name of Local Agency or School District
Soren Fajeau
Claimant Contact
Senior Civil Engineer
Title
37101 Newark Boulevard
Street Address
Newark, California 94560
City, State, Zip
510.578.4286
Telephone Number
510.578.4243
Fax Number
soren.fajeau@newark.org
E-Mail Address

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gnewmark@meyersnave.com
E-Mail Address

For CSM Use Only
Filing Date: **RECEIVED**
MAY 02 2011
COMMISSION ON STATE MANDATES
Test Claim #:

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8. CLAIM CERTIFICATION

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

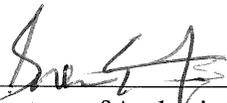
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Soren Fajeau

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

Senior Civil Engineer

Print or Type Title



Signature of Authorized Local Agency or
School District Official



Date

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Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

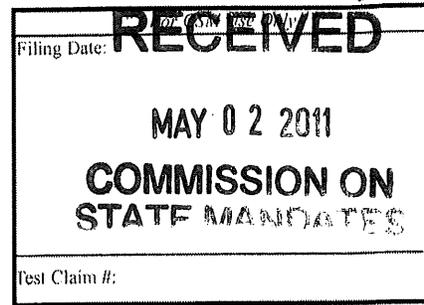
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City of Newark
Name of Local Agency or School District
Soren Fajeau
Claimant Contact
Senior Civil Engineer
Title
37101 Newark Boulevard
Street Address
Newark, California 94560
City, State, Zip
510.578.4286
Telephone Number
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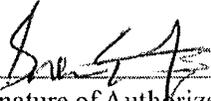
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Soren Fajeau

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

Senior Civil Engineer

Print or Type Title



Signature of Authorized Local Agency or
School District Official

3/15/11

Date

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Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

2. CLAIMANT INFORMATION

City of Dublin
Name of Local Agency or School District
John Bakker
Claimant Contact
City Attorney
Title
100 Civic Center Plaza
Street Address
Dublin, California 94568
City, State, Zip
925.833.6600
Telephone Number
Fax Number
jbakker@meyersnave.com
E-Mail Address

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Filing Date: **RECEIVED**
MAY 02 2011
COMMISSION ON STATE MANDATES
Test Claim #:

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John Bakker

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

City Attorney

Print or Type Title



Signature of Authorized Local Agency or
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2/17/2011

Date

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1. TEST CLAIM TITLE

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

2. CLAIMANT INFORMATION

City of Berkeley
Name of Local Agency or School District
Daniel M. Akagi
Claimant Contact
Associate Civil Engineer
Title
1947 Center Street, 4th Floor
Street Address
Berkeley, California 94704
City, State, Zip
510.981.6394
Telephone Number
510.981.6390
Fax Number
dakagi@ci.berkeley.us.ca
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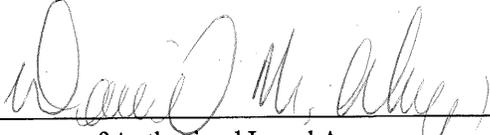
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Daniel M. Akagi

Print or Type Name of Authorized Local Agency
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Signature of Authorized Local Agency or
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Associate Civil Engineer

Print or Type Title

22 FEB '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.*

1. TEST CLAIM TITLE

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

2. CLAIMANT INFORMATION

City of Pleasanton

Name of Local Agency or School District

Abbas Masjedi, P.E.

Claimant Contact

Utility Engineer

Title

3333 Busch Road

Street Address

Pleasanton, California 94566-0802

City, State, Zip

925.931.5508

Telephone Number

925.931.5595

Fax Number

amasjedi@ci.pleasanton.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.

Gregory J. Newmark

Claimant Representative Name

Special Counsel

Title

Meyers Nave Riback Silver & Wilson

Organization

555 12th Street, Suite 1500

Street Address

Oakland, California 94607

City, State, Zip

510.808.2000

Telephone Number

510.444.1108

Fax Number

gnewmark@meyersnave.com

E-Mail Address

RECEIVED Filing Date: MAY 02 2011 COMMISSION ON STATE MANDATES 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.

California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (NPDES No. CAS612008)

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.

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- (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.
- (H) Identification of a legislatively determined mandate pursuant to Government Code section 17573 that is on the same statute or executive order.

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);
- (D) If applicable, describe the period of reimbursement and payments received for full reimbursement of costs for a legislatively determined mandate pursuant to Section 17573, and the authority to file a test claim pursuant to paragraph (1) of subdivision (c) of Section 17574.
- (E) 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; and
- (E) statutes, chapters of original legislatively determined mandate and any amendments.

8. CLAIM CERTIFICATION

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

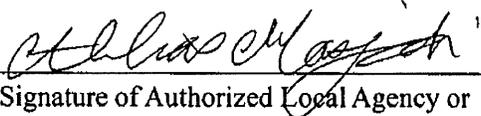
This test claim alleges the existence of a reimbursable state-mandated program within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. I hereby declare, under penalty of perjury under the laws of the State of California, that the information in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

Abbas Masjedi, P.E.

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

Utility Engineer

Print or Type Title



Signature of Authorized Local Agency or
School District Official

2/22/2011

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 TITLE

Municipal Regional Stormwater Permit

2. CLAIMANT INFORMATION

County of Alameda

Name of Local Agency or School District

Sharon Gosselin

Claimant Contact

Associate Environmental Compliance Specialist

Title

399 Elmhurst Street

Street Address

Hayward, California 94544

City, State, Zip

510.670.6547

Telephone Number

510.670.5262

Fax Number

sharon@acpwa.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.

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Claimant Representative Name

Special Counsel

Title

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Street Address

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Telephone Number

510.444.1108

Fax Number

gnewmark@meyersnave.com

E-Mail Address

RECEIVED <small>For State Agency</small>
Filing Date:
MAY 02 2011
COMMISSION ON STATE MANDATES
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.

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6. DECLARATIONS

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

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3. 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.

Sharon Gosselin

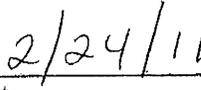
Print or Type Name of Authorized Local Agency
or School District Official

Associate Environmental Compliance Specialist

Print or Type Title



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.*

1. TEST CLAIM TITLE

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

2. CLAIMANT INFORMATION

Alameda County Flood Control & Water Conservation District, Zone 7

Name of Local Agency or School District

G.F. Duerig

Claimant Contact

General Manager

Title

100 North Canyons Parkway

Street Address

Livermore, California 94551

City, State, Zip

925.454.5000

Telephone Number

925.454.5723

Fax Number

jduerig@zone7water.com

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.

Gregory J. Newmark

Claimant Representative Name

Special Counsel

Title

Meyers Nave Riback Silver & Wilson

Organization

555 12th Street, Suite 1500

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510.808.2000

Telephone Number

510.444.1108

Fax Number

gnewmark@meyersnave.com

E-Mail Address

Filing Date	RECEIVED
	MAY 02 2011
	COMMISSION ON STATE MANDATES
Test Claim #:	

4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED

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California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (NPDES No. CAS612008)

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8 CLAIM CERTIFICATION

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

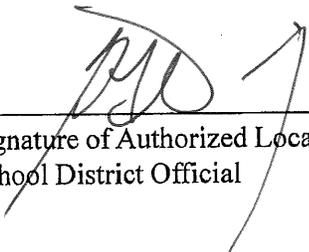
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G.F. Duerig

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

General Manager

Print or Type Title


Signature of Authorized Local Agency or
School District Official

3-4-11
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.*

1. TEST CLAIM TITLE

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

2. CLAIMANT INFORMATION

City of Hayward

Name of Local Agency or School District

Robert Bauman

Claimant Contact

Public Works Director

Title

777 B Street

Street Address

Hayward, California 94541

City, State, Zip

510.583.4710

Telephone Number

510.583.3610

Fax Number

Robert.Bauman@hayward-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.

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Special Counsel

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City, State, Zip

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Telephone Number

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Fax Number

gnewmark@meyersnave.com

E-Mail Address

For CSM Use Only

Filing Date **RECEIVED**

MAY 02 2011

COMMISSION ON STATE MANDATES

Test Claim #:

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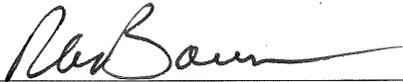
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Robert Bauman

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



Signature of Authorized Local Agency or
School District Official

Public Works Director

Print or Type Title



Date

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1. TEST CLAIM TITLE

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

2. CLAIMANT INFORMATION

City of Livermore

Name of Local Agency or School District

Darren Greenwood

Claimant Contact

Asst. Public Works Director/Water Resources Div. Manager

Title

101 W. Jack London Boulevard

Street Address

Livermore, California 94551

City, State, Zip

925.960.8120

Telephone Number

925.960.8105

Fax Number

dgreenwood@ci.livermore.ca.us

E-Mail Address

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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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Darren Greenwood

Assistant Public Works Director/Water Resources Division Manager

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

Print or Type Title



3/1/11

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.*

1. TEST CLAIM TITLE

Municipal Regional Stormwater Permit

2. CLAIMANT INFORMATION

County of Alameda

Name of Local Agency or School District

Sharon Gosselin

Claimant Contact

Associate Environmental Compliance Specialist

Title

399 Elmhurst Street

Street Address

Hayward, California 94544

City, State, Zip

510.670.6547

Telephone Number

510.670.5262

Fax Number

sharon@acpwa.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.

Gregory J. Newmark

Claimant Representative Name

Special Counsel

Title

Meyers Nave Riback Silver & Wilson

Organization

555 12th Street, Suite 1500

Street Address

Oakland, California 94607

City, State, Zip

510.808.2000

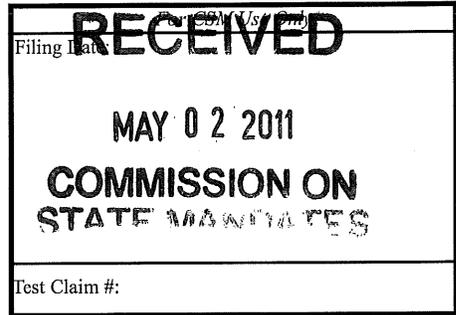
Telephone Number

510.444.1108

Fax Number

gnewmark@meyersnave.com

E-Mail Address



4. TEST CLAIM STATUTES OR EXECUTIVE ORDERS CITED

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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:

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6. Declarations: pages _____ to _____.

7. Documentation: pages _____ to _____.

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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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- (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.
- (H) Identification of a legislatively determined mandate pursuant to Government Code section 17573 that is on the same statute or executive order.

6. DECLARATIONS

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- (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) If applicable, describe the period of reimbursement and payments received for full reimbursement of costs for a legislatively determined mandate pursuant to Section 17573, and the authority to file a test claim pursuant to paragraph (1) of subdivision (c) of Section 17574.
- (E) 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. **

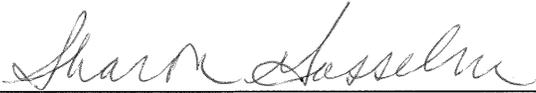
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Sharon Gosselin

Associate Environmental Compliance Specialist

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

Print or Type Title



3/15/11

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.*

1000
1000
1000

1. TEST CLAIM TITLE

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

2. CLAIMANT INFORMATION

City of Fremont
Name of Local Agency or School District
Kathy Cote Guarnieri
Claimant Contact
Environmental Services Manager
Title
39550 Liberty Street
Street Address
Fremont, California 94537
City, State, Zip
510.494.4583
Telephone Number
510.494.4571
Fax Number
kcote@fremont.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.

Gregory J. Newmark
Claimant Representative Name
Special Counsel
Title
Meyers Nave Riback Silver & Wilson
Organization
555 12th Street, Suite 1500
Street Address
Oakland, California 94607
City, State, Zip
510.808.2000
Telephone Number
510.444.1108
Fax Number
gnewmark@meyersnave.com
E-Mail Address

Filing Date: **RECEIVED**
MAY 02 2011
COMMISSION ON STATE MANDATES
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.

California Regional Water Quality Control Board, San Francisco Bay Region, Order No. R2-2009-0074 (NPDES No. CAS612008)

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6. DECLARATIONS

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Kathy Cote Guarnieri

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

Environmental Services Manager

Print or Type Title

Kathy Cote Guarnieri

Signature of Authorized Local Agency or
School District Official

3/16/11

Date

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1. TEST CLAIM TITLE

Municipal Regional Stormwater Permit

2. CLAIMANT INFORMATION

Alameda County Flood Control & Water Conservation District

Name of Local Agency or School District

Sharon Gosselin

Claimant Contact

Associate Environmental Compliance Specialist

Title

399 Elmhurst Street

Street Address

Hayward, California 94544

City, State, Zip

510.670.6547

Telephone Number

510.670.5262

Fax Number

sharon@acpwa.org

E-Mail Address

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Special Counsel

Title

Meyers Nave Riback Silver & Wilson

Organization

555 12th Street, Suite 1500

Street Address

Oakland, California 94607

City, State, Zip

510.808.2000

Telephone Number

510.444.1108

Fax Number

gnewmark@meyersnave.com

E-Mail Address

Filing Date	<i>For CSM Use Only</i> RECEIVED MAY 02 2011 COMMISSION ON STATE MANDATES
Test Claim #:	

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Print or Type Name of Authorized Local Agency
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Associate Environmental Compliance Specialist

Print or Type Title



Signature of Authorized Local Agency or
School District Official

3/15/11

Date

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11-11-11

1. TEST CLAIM TITLE

Calif. Reg. Water Quality Control Board, San Francisco Bay Region, Order # R2-2009-0074

2. CLAIMANT INFORMATION

City of Oakland

Name of Local Agency or School District

Lesley C. Estes

Claimant Contact

Watershed and Stormwater Management Supervisor

Title

250 Frank H. Ogawa Plaza, Suite 4314

Street Address

Oakland, California 94612-2034

City, State, Zip

510.238.7431

Telephone Number

510.238.7227

Fax Number

lcestes@oaklandnet.com

E-Mail Address

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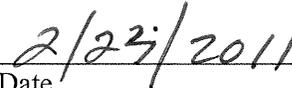
Lesley C. Estes

Watershed and Stormwater Management Supervisor

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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Commission on State Mandates

Original List Date: 11/14/2010
Last Updated: 5/3/2011
List Print Date: 05/03/2011
Claim Number: 10-TC-02
Issue: Municipal Regional Stormwater Permit - Alameda County

Mailing List

TO ALL PARTIES AND INTERESTED PARTIES:

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, § 1181.2.)

Mr. J. Bradley Burgess MGT of America 895 La Sierra Drive Sacramento, CA 95864	Tel: (916)595-2646 Email Bburgess@mgtamer.com Fax:
Ms. Annette Chinn Cost Recovery Systems, Inc. 705-2 East Bidwell Street, #294 Folsom, CA 95630	Tel: (916) 939-7901 Email achinnrcs@aol.com Fax: (916) 939-7801
Ms. Harmeet Barkschat Mandate Resource Services, LLC 5325 Elkhorn Blvd. #307 Sacramento, CA 95842	Tel: (916) 727-1350 Email harmeet@calsdrc.com Fax: (916) 727-1734
Mr. Randy L. Breault City of Brisbane 50 Park Place Brisbane, CA 94005	Tel: (415) 508-2131 Email rbreault@ci.brisbane.ca.us Fax: (415) 467-5547
Ms. Evelyn Tseng City of Newport Beach 3300 Newport Blvd. P. O. Box 1768 Newport Beach, CA 92659-1768	Tel: (949) 644-3127 Email etseng@newportbeachca.gov Fax: (949) 644-3339
Ms. Hasmik Yaghobyan County of Los Angeles Auditor-Controller's Office 500 W. Temple Street, Room 603 Los Angeles, CA 90012	Tel: (213) 893-0792 Email hyaghobyan@auditor.lacounty.gov Fax: (213) 617-8106
Mr. Matt Fabry City of Brisbane 50 Park Place Brisbane, CA 94005	Tel: mfabry@ci.brisbane.ca.us Email mfabry@ci.brisbane.ca.us Fax:

Ms. Lesley C. Estes City of Oakland 250 Frank H. Ogawa Plaza Suite 4314 Oakland, CA 94612-2034	Tel: (510) 238-7431 Email lcestes@oaklandnet.com Fax: (510) 238-7227
Ms. Donna Ferebee Department of Finance (A-15) 915 L Street, 11th Floor Sacramento, CA 95814	Tel: (916) 445-3274 Email donna.ferebee@dof.ca.gov Fax: (916) 323-9584
Ms. Sharon Gosselin County of Alameda, Alameda Co Flood Control & Water 399 Elmhurst Street Hayward, CA 94544	Tel: (510) 670-6547 Email sharon@acpwa.org Fax: (510) 670-5262
Mr. Jeff Carosone Department of Finance (A-15) 915 L Street, 8th Floor Sacramento, CA 95814	Tel: (916) 445-8913 Email jeff.carosone@dof.ca.gov Fax:
Mr. Allan Burdick CSAC-SB 90 Service 2001 P Street, Suite 200 Sacramento, CA 95811	Tel: (916) 443-9136 Email allan_burdick@mgtamer.com Fax: (916) 443-1766
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COMMISSION ON STATE MANDATES

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DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Solano 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 May 3, 2011, I served the:

Co-Claimant Declarations

Municipal Regional Stormwater Permit – Alameda County, 10-TC-02

City of Alameda, Claimant

by making it available on the Commission's website and providing notice of how to locate it 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 May 3, 2011 at Sacramento, California.



Heidi J. Palchik