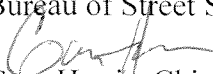


CITY OF LOS ANGELES
INTER-DEPARTMENTAL CORRESPONDENCE

DATE: February 12, 2016

TO: Nazario Saucedo, Director
Bureau of Street Services

FROM: 
Gary Harris, Chief Street Services Investigator II
Investigation and Enforcement Division

SUBJECT: CLAIM FOR REFUND OVER \$5,000

Attached, please find paperwork and supportive documentation for Claim for Refund No. 126365. Claimant, Goldenvoice LLC, paid a total of \$161,275.56, as shown on the attached receipt. Therefore, after review of the Final Costs (attached), I recommend approval of a refund of \$41,470.99

Signatures below provide approval for Claim Number 126365.

DAVID RIVERA - ST-SVCS DIV. E
Name and Title of Person Making Recommendation

Tom Carroll - Chief Investigator I
Name and Title of Person Auditing Claim

NAZARIO SAUCEDO, DIR
Department Head

Johny Astor
By

DISTRIBUTION:
ORIG. — City Council
DUP. — Controller (Approved)
TRIP — Claimant

CITY OF LOS ANGELES
CLAIM FOR REFUND OVER \$5000
Sec. 22.12 Los Angeles Municipal Code

RESERVE FOR FILING STAMP

CLAIM NO. 126365

NOTE: A Claimant may be required to submit to examination under oath. (Charter Section 217.)
Presentation of a false claim is a felony. (California Penal Code Section 72.)

TO: CITY CLERK, Room 395, City Hall, Los Angeles 90012

1. PRINT NAME OF CLAIMANT (Last) (First) (Middle)		Goldenvoice LLC	
2. BUSINESS ADDRESS (Street) (City) (State)		425 W 11th St #500 LA CA	
3. MAILING ADDRESS (Street) (City) (Zip Code)		425 W 11th St #500 LA 90015	
4. PHONE NO.		323 980 3813	
5. CITY DEPARTMENT TO WHICH PAYMENT WAS MADE		Bureau of Street Services	
6. DATE PAID		8/20/15	
7. AMOUNT CLAIMED		\$41,470.99	
8. STATE WHETHER RECEIPT, LICENSE OR PERMIT, ENTER NO. AND ATTACH Ref # 20150827-2015 permit			

RECEIVED
CITY CLERK'S OFFICE
2015 DEC 14 PM 3:41
BY [Signature] CITY CLERK
DEPUTY

9. LOCATION OF JOB
Expo Park / USC

10. REASONS FOR FILING CLAIM (Use Supplementary sheets if necessary)
FYF Music Festival permit estimate was \$161,275.56
which was paid with check 79017454.
The actual expenses were \$119,804.57 creating
a refund due of \$41,470.99

STATE OF CALIFORNIA }
County of Los Angeles } ss.

Chad Holden

being duly sworn, deposes and says:

that he are is the claimant(s) in the above-entitled claim; that he have has read the foregoing claim and 5 sheets attached thereto, know(s) the contents thereof, and that the same is true of his own knowledge, except as to the matters which are therein stated on information or belief, and as to those matters that he believe(s) it to be true.

SIGNATURE AND TITLE OF CLAIMANT: Chad Holden Controller DATE: 12-4-2015

SUBSCRIBED AND SWORN TO BEFORE ME

SIGNATURE OF DEPUTY CITY CLERK OR NOTARY PUBLIC

- See Attached Jurat -

this day of 20__

OFFICE OF THE CITY CLERK

City of Los Angeles

Claim for Refund Form

(Over \$5,000)

Please mail the original signed form to (copies and faxes not accepted):

Address: Office of the City Clerk
200 North Spring Street
Room 395, City Hall
Los Angeles, CA 90012

Hours: 8:00 am to 4:30 pm, Monday – Friday

Phone: (213) 978-1133

You may also bring the form to our Public Counter at the above address during regular business hours.

Reminder: Please make a copy for your own records.

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

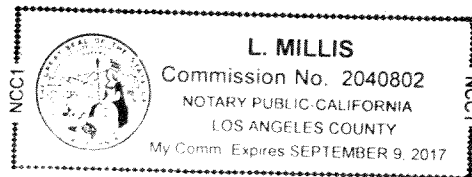
Subscribed and sworn to (or affirmed) before me on this 4th day of December,
20 15 by Chad Holden

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

L. Millis

Signature

(Seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

City of Los Angeles Claim

(Title or description of attached document)

for Refund over \$5000

(Title or description of attached document continued)

Number of Pages 6 Document Date 12-4-2015

Additional information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

