



Legislation Details

File #: 00465 **Version:** 1 **Name:** claim - G. Gohedotte, P.O. Box 3413, Madison
Type: Claim **Status:** Filed
File created: 1/31/2005 **In control:** Risk Manager
On agenda: 2/22/2005 **Final action:** 2/22/2005
Enactment date: 3/1/2005 **Enactment #:**
Title: NOTICE OF CLAIM - Michael F. Hupy & Associates, S.C. for G. Gohedotte, P.O. Box 3413, Madison - past/future medical expenses, loss of earning capacity, pain and suffering - \$250,000.00.

Sponsors:

Indexes:

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
2/22/2005	1	COMMON COUNCIL	Deny	Pass
2/15/2005	1	Risk Manager	RECOMMEND TO COUNCIL TO DENY - REPORT OF OFFICER	
2/1/2005	1	COMMON COUNCIL	Refer	Pass
1/31/2005	1	COMMON COUNCIL	Refer	