

MONDAY, JULY 29, 2019  
WOONSOCKET CITY COUNCIL AGENDA  
COUNCIL PRESIDENT DANIEL M. GENDRON PRESIDING  
7:00 P.M. – SECOND FLOOR CONFERENCE ROOM  
169 MAIN STREET, WOONSOCKET, RHODE ISLAND 02895

SPECIAL MEETING

1. ROLL CALL
2. AGENDA FOR BOARD OF LICENSE COMMISSIONERS  
19 LC 25 Application of licenses and renewal of licenses (listing attached).
3. CONSENT AGENDA  
All items on the consent agenda are indicated with an asterisk (\*).
4. COMMUNICATIONS FROM CITY OFFICERS  
19 CO 30\* From City Solicitor regarding property damage claim of Mrs. Cheryl A. Boucher.  
19 CO 31\* From City Solicitor regarding property damage claim of Raymond F. Sewell.
5. DISCUSSION WITH THE LIBRARY BOARD OF TRUSTEES REGARDING THE WOONSOCKET HARRIS PUBLIC LIBRARY, INCLUDING:
  - a. BUDGETS, FUNDING REQUIREMENTS, FUNDING SOURCES (.E.G. FEES AND FINES), STAFFING AND OTHER RESOURCE REQUIREMENTS
  - b. STATE FUNDING AND MAINTENANCE OF EFFORT REQUIREMENTS
  - c. GOVERNANCE, INCLUDING PERSONNEL AND FINANCIAL MANAGEMENT, CONTROL AND OVERSIGHT RESPONSIBILITIES
  - d. SECURITY ISSUES
6. DISCUSSION WITH THE BOARD OF CANVASSERS, INCLUDING:
  - a. BUDGETS AND RESOURCE REQUIREMENTS
  - b. GOVERNANCE, INCLUDING PERSONNEL AND FINANCIAL MANAGEMENT, CONTROL AND OVERSIGHT RESPONSIBILITIES
7. ADJOURNMENT

For additional information or to request interpreter services, or other special services for the hearing impaired, please contact City Clerk Christina Harmon-Duarte three days prior to the meeting at (401) 762-6400, or by the Thursday prior to the meeting.

Posted on July 25, 2019

**AGENDA FOR BOARD OF LICENSE COMMISSIONERS**

**NEW LICENSES**

**STREET VENDOR LICENSE**

Family & Friends (Laotian Community Center), 556 Harris Avenue

Mali's Thai Zap, 556 Harris Avenue

Thai Food on Wheels, 574 Grove Street



CITY OF WOONSOCKET, RHODE ISLAND  
LAW DEPARTMENT

July 29, 2019

Woonsocket City Council  
169 Main Street  
P.O. Box B  
Woonsocket, RI 02895

RE: Claim for Property Damage of Mrs. Cheryl A. Boucher  
26 Lake Street, Bellingham, MA 02019

Dear Councilors:

This claim for property damage arises out of an incident that occurred on July 16, 2019. The Highway Department was clearing weeds and debris on Wood Avenue. Mrs. Boucher's 217 Ford Explorer was parked nearby, and some flying rocks and/or debris struck her vehicle, damaging paint on the right side. Rick Lambert spoke with Mrs. Boucher, noted the damage and called the Law Department to notify us of the incident and the City's responsibility.

Mrs. Boucher submitted an estimate for the repair from Lake Street Auto in the amount of \$1,116.23. I recommend that \$1,116.23 be paid.

If you have any questions, please contact me as I would be happy to answer them.

Sincerely,



John J. DeSimone, Esq.  
City Solicitor

JJD/ps  
Attachments

2020

PLEASE PRINT CLEARLY APPLICABLE INFORMATION

CITY OF WOONSOCKET  
PROPERTY DAMAGE CLAIM FORM

- 1. Name: Cheryl A. Boucher
- 2. Address: 26 LAKE ST. BELLINGHAM, MA
- 3. Telephone: Day: 508 883-1511 Evening: \_\_\_\_\_ Cell: 508-269-6970
- 4. Check the type of claim:

Automobile Accident:  Pothole Damage:  Other:

5. Below, explain the circumstances of the incident for which you are claiming property damage. Please include the date, time, and the exact location of the alleged incident.

Date: 7/16/19 Time: \_\_\_\_\_ Location: Wood Avenue

REPORTED TO LAW DEPARTMENT by Rick Lambert, Highway Superintendent. Noted that 2017 Ford Explorer had been damaged while area was being cleaned by flying rocks.

Estimate provided by owner of vehicle from local shop they have used before. RS.

- 6. What is the total amount of your claim against the City: \$ 1,116.23
- 7. Vehicle Year: 2017 Make: FORD Model: EXPLORER XLT
- 8. Property damage estimate(s) or receipt(s) must be submitted with this form in order to process your claim. Attach estimate(s) or receipt(s) to this form. List the total of the estimate(s) or receipt(s) and the name of the vendor. Indicate whether each amount listed relates to an estimate or receipt.

- a. \$ 1116.23 Vendor: LAKE ST. AUTO ESTIMATE  or RECEIPT
- b. \$ \_\_\_\_\_ Vendor: \_\_\_\_\_ ESTIMATE  or RECEIPT
- c. \$ \_\_\_\_\_ Vendor: \_\_\_\_\_ ESTIMATE  or RECEIPT

9. Is this the only claim you have ever submitted to the City? \_\_\_\_\_

If "no," list all other claims you have submitted, including for each claim the date of submittal, the type of claim, the amount of the claim, and the final disposition of the claim.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Handwritten signature)*

PLEASE PRINT CLEARLY APPLICABLE INFORMATION

10. Do you have insurance on the damaged property? \_\_\_\_\_

a. If "yes," list the name, address, and telephone number of your insurance company and/or agent, and your insurance policy number. Attach a copy of the statement of applicable coverage for the damaged property.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Have you submitted a claim to your insurance carrier? \_\_\_\_\_ If "yes," when \_\_\_\_\_

c. Does your insurance cover this claim? \_\_\_\_\_ If "no," attach a letter from your insurance carrier indicating the lack of coverage.

d. What is your deductible? \$ \_\_\_\_\_

e. Have you received any insurance proceeds for this incident? \_\_\_\_\_  
If "yes," how much \$ \_\_\_\_\_

f. Has any vendor received any insurance payment on your behalf for this incident? \_\_\_\_\_  
If "yes," how much \$ \_\_\_\_\_

11. List each City Department or agency you reported this incident to, the date you reported it, and the name of the person you spoke to. Attach each incident report to this form.

Agency/Dept: HIGHWAY Date: 7/16 Employee: RICK LAMBERT

Agency/Dept: LAW Date: 7/17 Employee: Priscilla Steenbergen

Payment of your claim will require your signature on a form releasing the City from any further liability for the same incident.

I, the undersigned, do affirm the truthfulness and accuracy of the information above and that attached hereto in support of this claim against the City of Woonsocket for the property damage. I understand that I have an obligation to inform the City of any insurance payments made to me or to any vendor on my behalf for this incident.

Claimant: (HESBANA) [Signature] Date: 7/18/19  
(Signature)  
GARY BOWHEEL  
(Printed Name)

<b>FOR OFFICE USE ONLY</b>	
Date Received:	<u>7/17/19</u>
Letter to City Council:	_____
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Release Signed:	_____
Check Issued:	_____

**LAKE STREET AUTO**

Workfile ID: e5616c27

1201 PULASKI BLVD, BELLINGHAM, MA 02019

Phone: (508) 883-3108

FAX: (508) 883-7000

**Preliminary Estimate****Customer: BOUCHER, CHERYL****Job Number:**

Insured: BOUCHER, CHERYL

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact: 03 Right T-Bone (Right Side)

**Owner:**BOUCHER, CHERYL  
26 LAKE STREET  
BELLINGHAM, MA 02019  
(508) 269-6970 Cell**Inspection Location:**LAKE STREET AUTO  
1201 PULASKI BLVD  
BELLINGHAM, MA 02019  
Repair Facility  
(508) 883-3108 Business**Insurance Company:****VEHICLE**

2017 FORD Explorer XLT 4WD 4D UTV 6-3.5L Gasoline Sequential MPI WHITE

VIN: 1FM5K8D85HGE06949

Interior Color:

Mileage In: 27,000

Vehicle Out:

License: BC47AP

Exterior Color: WHITE

Mileage Out:

State: MA

Production Date:

Condition: Excellent

Job #:

**TRANSMISSION**Automatic Transmission  
4 Wheel Drive**POWER**Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors  
Heated Mirrors  
Power Driver Seat  
Power Passenger Seat**DECOR**Dual Mirrors  
Privacy Glass  
Console/Storage  
Overhead Console**CONVENIENCE**Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry  
Alarm  
Message Center  
Steering Wheel Touch Controls  
Rear Window Wiper  
Telescopic Wheel  
Climate Control  
Dual Air Condition  
Backup Camera  
Parking Sensors**RADIO**

AM Radio

FM Radio

Stereo

Search/Seek

**SAFETY**Drivers Side Air Bag  
Passenger Air Bag  
Anti-Lock Brakes (4)  
4 Wheel Disc Brakes  
Traction Control  
Stability Control  
Front Side Impact Air Bags  
Head/Curtain Air Bags  
Hands Free Device  
Xenon Headlamps**ROOF**

Luggage/Roof Rack

**SEATS**Cloth Seats  
Bucket Seats  
Reclining/Lounge Seats  
3rd Row Seat  
Retractable Seats**WHEELS**

Aluminum/Alloy Wheels

**PAINT**

Clear Coat Paint

**OTHER**Fog Lamps  
Rear Spoiler  
Signal Integrated Mirrors  
California Emissions**TRUCK**

Power Trunk/Gate Release

## Preliminary Estimate

**Customer: BOUCHER, CHERYL**

**Job Number:**

2017 FORD Explorer XLT 4WD 4D UTV 6-3.5L Gasoline Sequential MPI WHITE

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint	
1		<b>FENDER</b>						
2	Blnd	RT Fender					0.9	
3		<b>FRONT DOOR</b>						
4	*	Rpr RT Outer panel				2.5	2.4	
5		Add for Clear Coat					1.0	
6		Add for Edging					0.5	
7	R&I	RT Belt w'strip				0.3		
8	R&I	RT Mirror outside power, w/power fold w/heat				0.3		
9	R&I	RT Handle, outside chrome				0.4		
10	R&I	RT R&I trim panel				0.5		
11		<b>REAR DOOR</b>						
12	Blnd	RT Door assy					1.3	
13	R&I	RT Belt w'strip				0.3		
14	R&I	RT Handle, outside satin chrome				0.4		
15	R&I	RT R&I trim panel				0.4		
16	#							
17		<b>MISCELLANEOUS OPERATIONS</b>						
18	Repl	Cover car/bag		1		0.2		
19	#	Cover Car - Primer		1	5.00	0.2		
20	#	Tint Color		1		0.5		
21	#	Subl Hazardous Waste Removal		1	3.00			
22	#	Clean and Prep for Delivery		1		0.5		
23	#	Color Sand & Buff		1		2.0		
24	#	Mask Jambs - Refinish		1	5.00	0.5		
25	#	Mask Jambs - Primer		1	5.00	0.3		
26	#	Addit.P & M per Mitchell Guide		1	282.00			
<b>SUBTOTALS</b>						<b>300.00</b>	<b>9.3</b>	<b>6.1</b>

**Preliminary Estimate**

**Customer: BOUCHER, CHERYL**

**Job Number:**

2017 FORD Explorer XLT 4WD 4D UTV 6-3.5L Gasoline Sequential MPI WHITE

**ESTIMATE TOTALS**

<b>Category</b>	<b>Basis</b>	<b>Rate</b>	<b>Cost \$</b>
Parts			300.00
Body Labor	9.3 hrs @	\$ 40.00 /hr	372.00
Paint Labor	6.1 hrs @	\$ 40.00 /hr	244.00
Paint Supplies	6.1 hrs @	\$ 28.00 /hr	170.80
Subtotal			1,086.80
Sales Tax	\$ 470.80 @	6.2500 %	29.43
<b>Grand Total</b>			<b>1,116.23</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>0.00</b>
<b>INSURANCE PAY</b>			<b>1,116.23</b>

**MyPriceLink Estimate ID / Quote ID:**

580854643240738816 /

THIS IS AN ESTIMATE BASED ON OUR INITIAL INSPECTION. OCCASIONALLY, AFTER THE WORK HAS BEEN STARTED..ANY WORN, DAMAGED OR BROKEN PARTS WHICH ARE NOT VISIBLE AT THE INITIAL INSPECTION WILL BE ADDITIONAL AND SUBJECT TO INVOICE. IN WHICH CASE YOU WILL BE NOTIFIED.

NO GUARANTEES ON RUST REPAIRS

NOT RESPONSIBLE FOR ITEMS LEFT IN VEHICLE

ALL PAINT WARRANTIED FOR AS LONG AS YOU OWN THE VEHICLE.

THANK YOU

LAKE STREET AUTO MANAGEMENT

PER MASSACHUSETTS REG. TITLE 212 CHAPTER 2.02(5), "THIS ESTIMATE HAS BEEN PREPARED AND SWORN TO UNDER THE PENALTIES OF PERJURY."







19 CO 3]

ⓉP-401-767-9201 F-401-766-9312

✉ jdesimone@woonsocketri.org

**CITY OF WOONSOCKET, RHODE ISLAND  
LAW DEPARTMENT**

August 5, 2019

Woonsocket City Council  
169 Main Street  
P.O. Box B  
Woonsocket, RI 02895

RE: Claim for Property Damage of Raymond F. Sewell  
4 Rivulet Street, Woonsocket, RI 02895

Dear Councilors:

This claim for property damage arises out of an incident that occurred during a snow storm during the winter of 2017-2018. Mr. Sewell's newly installed front walkway showed stains which he stated was caused from the salt brine mixture spread from City trucks to make City streets safe for travel.

Mr. Sewell obtained three estimates to replace the walkway; one from Fratelli Landscaping, Inc. in the amount of \$5,540, one from D. Lachance Construction in the amount of \$3,750 and another from Lemoine Masonry for \$3,200. Mr. Sewell has requested reimbursement in the amount of \$2,425. I recommend the City Council approve Mr. Sewell's request in the amount of \$2,425.

Please do not hesitate to contact me if you have any questions.

Sincerely,



John J. DeSimone, Esq.  
City Solicitor

JJD/ps  
Attachments

PLEASE PRINT CLEARLY APPLICABLE INFORMATION

**CITY OF WOONSOCKET  
PROPERTY DAMAGE CLAIM FORM**

1. Name: RAYMOND F. SEWELL  
2. Address: 4 RIVULET ST. WOONSOCKET RI 02895  
3. Telephone: Day: 401-769-8272 Evening: 401-769-8272 Cell: N/A

4. Check the type of claim:

Automobile Accident:  Pothole Damage:  Other:  DAMAGE TO BLUESTONE WALKWAY FROM CITY SALT APPLICATIONS

5. Below, explain the circumstances of the incident for which you are claiming property damage. Please include the date, time, and the exact location of the alleged incident.

<sup>2018-2019</sup>  
Date: WINTER Time: VARIOUS Location: 4 RIVULET ST. WOONSOCKET RI 02895

ROCK SALT APPLICATIONS BY THE CITY WERE THROWN ON MY FRONT WALKWAY THAT IS A BLUESTONE WALKWAY. THIS IS A WALKWAY THAT WAS PUT IN IN LATE FALL OF 2017. THE WALKWAY HAS LARGE STAINS FROM THE ROCK SALT THAT CAN'T BE REMOVED WITH CLEANING BECAUSE IT IS IMBEDDED IN THE BLUESTONE. THIS HAS BEEN A HARDSHIP TO ME BECAUSE I WILL REPLACE THIS WALKWAY WITH A NEW ONE AND SECURE IT PROPERLY SO THIS WON'T HAPPEN AGAIN IN THE FUTURE.

6. What is the total amount of your claim against the City: \$ 2425.00

7. Vehicle Year: N/A Make: N/A Model: N/A

8. Property damage estimate(s) or receipt(s) must be submitted with this form in order to process your claim. Attach estimate(s) or receipt(s) to this form. List the total of the estimate(s) or receipt(s) and the name of the vendor. Indicate whether each amount listed relates to an estimate or receipt.

a. \$ 3200.00 Vendor: LEMOINE MASONRY ESTIMATE  or RECEIPT

b. \$ 5540.00 Vendor: FRATELLI LANDSCAPING INC. ESTIMATE  or RECEIPT

c. \$ 3750.00 Vendor: D. LACHANCE CONSTRUCTION ESTIMATE  or RECEIPT

9. Is this the only claim you have ever submitted to the City? No

If "no," list all other claims you have submitted, including for each claim the date of submittal, the type of claim, the amount of the claim, and the final disposition of the claim.

5/16/18 - WALKWAY DAMAGE - \$3200.00 - FINAL DISPOSITION - ZERO  
7/17/18 - SEWER BACKUP - \$20922.73 - FINAL DISPOSITION - \$20922.73

PLEASE PRINT CLEARLY APPLICABLE INFORMATION

10. Do you have insurance on the damaged property? NO

a. If "yes," list the name, address, and telephone number of your insurance company and/or agent, and your insurance policy number. Attach a copy of the statement of applicable coverage for the damaged property.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Have you submitted a claim to your insurance carrier? NO If "yes," when \_\_\_\_\_

c. Does your insurance cover this claim? \*NO If "no," attach a letter from your insurance carrier indicating the lack of coverage. \*SEE ATTACHED

d. What is your deductible? \$ \_\_\_\_\_

e. Have you received any insurance proceeds for this incident? NO  
If "yes," how much \$ \_\_\_\_\_

f. Has any vendor received any insurance payment on your behalf for this incident? NO  
If "yes," how much \$ \_\_\_\_\_

11. List each City Department or agency you reported this incident to, the date you reported it, and the name of the person you spoke to. Attach each incident report to this form.

Agency/Dept: LAW DEPARTMENT Date: 7/10/19 Employee: PRISCILLA STEENBERGEN

Agency/Dept: PUBLIC WORKS DEPARTMENT Date: VARIOUS Employee: VARIOUS - OVER PHONE

Payment of your claim will require your signature on a form releasing the City from any further liability for the same incident.

I, the undersigned, do affirm the truthfulness and accuracy of the information above and that attached hereto in support of this claim against the City of Woonsocket for the property damage. I understand that I have an obligation to inform the City of any insurance payments made to me or to any vendor on my behalf for this incident.

Claimant: Raymond F. Sewell Date: 7/10/19  
(Signature)

RAYMOND F. SEWELL  
(Printed Name)

<b>FOR OFFICE USE ONLY</b>
Date Received: <u>7/10/19</u> <i>P.S.</i>
Letter to City Council: _____
Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Release Signed: _____
Check Issued: _____

FRATELLI LANDSCAPING INC.

PO BOX 238  
SLATERSVILLE, RI 02876  
401-765-5266

# Proposal/Contract

Date	Estimate #
3/27/2019	173A

Tax ID

RAYMOND SEWELL  
4 RIVULET ST  
WOONSOCKET, RI 02895

Description	Rate
1. REMOVAL OF EXISTING BLUE STONE WALKWAY AND DISPOSAL	800.00
2. NEW BLUE STONE DELIVERY	2,100.00
3. INSTALLATION AND CUT	1,800.00
POLYSAND - CONCRETE	240.00
4. PAVER EDGE	600.00

Signature \_\_\_\_\_

**Total**

**\$5,540.00**

D. KACHANE CONSTRUCTION REG # 15631  
 38 VILLAGE WAY  
 NORTH SMITHFIELD, RI 02896

Proposal

PROPOSAL NO. \_\_\_\_\_  
 SHEET NO. \_\_\_\_\_  
 DATE 4-16-19

PROPOSAL SUBMITTED TO:

WORK TO BE PERFORMED AT:

NAME RAYMOND SEWELL	ADDRESS 4 RIVULET STREET
ADDRESS 4 RIVULET STREET	WOONSOCKET R.I
WOONSOCKET, RI 02895	DATE OF PLANS N/A
PHONE NO.	ARCHITECT N/A

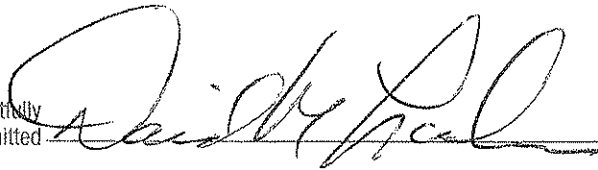
We hereby propose to furnish the materials and perform the labor necessary for the completion of \_\_\_\_\_

THE REMOVAL OF ALL DAMAGED BLUESTONE  
 AT FRONT WALKWAY. SUPPLY AND INSTALL  
 NEW BLUESTONE TO MATCH EXISTING LAYOUT  
 TOTALING APPROX. 90#. FILL ALL JOINTS  
 WITH GREY POLYMERIC SAND AND DISPOSE  
 OF ALL DEBRIS.

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of THREE THOUSAND SEVEN HUNDRED FIFTY Dollars (\$ 3,750 ) with payments to be made as follows.

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

Respectfully submitted



Per \_\_\_\_\_

Note — this proposal may be withdrawn by us if not accepted within \_\_\_\_\_ days.

ACCEPTANCE OF PROPOSAL

The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

# Lemoine Masonry

66 Homecrest Ave,  
North Smithfield, R.I. 02896  
401-301-7656

## Estimate

Raymond Sewell  
4 Rivulet St,  
Woonsocket, R.I. 02895

Remove approximately 100 square feet of bluestone walk and replace with new bluestone. The total cost for labor and materials is \$3,200

Sincerely,

Joseph Lemoine

March 21, 2019



**SELECTIVE®**

**Al Conti**  
*Claims Management Specialist*

*Repeating  
Foundation  
&  
Sidewalk*

**Selective Insurance Company of America**  
PO Box 7260  
London, Kentucky 40742  
Phone: 401-885-1180 Fax: 877-233-1355  
E-mail: [albert.conti@selective.com](mailto:albert.conti@selective.com)