

# APPROVED

3 - 15 - 2017

BOARD REPORT

BOARD OF RECREATION  
AND PARK COMMISSIONERS

NO. 17-074

DATE March 15, 2017

C.D. 12

**BOARD OF RECREATION AND PARK COMMISSIONERS**

SUBJECT: CHATSWORTH PARK SOUTH – REHABILITATION PROJECT (PRJ20361)  
(W.O. #E170331F) – RELEASE OF STOP PAYMENT NOTICE ON  
CONSTRUCTION CONTRACT NO. 3528 WITH AMERICAN INTEGRATED  
SERVICES, INC

AP Diaz	_____	V. Israel	_____
*R. Barajas		N. Williams	_____
H. Fujita	_____		

  
\_\_\_\_\_  
General Manager

Approved  \_\_\_\_\_ Disapproved \_\_\_\_\_ Withdrawn \_\_\_\_\_

RECOMMENDATION

Direct the Department of Recreation and Parks' (RAP) Chief Accounting Employee to release Three Thousand, Six Hundred Forty-Seven Dollars, Fourteen Cents (\$3,647.14) of the amount withheld on Construction Contract No. 3528 with American Integrated Services, Inc. in accordance with the Request for Release of Stop Notice dated February 16, 2017 from Robertson's, herein included as Attachment 1, for the Chatsworth Park South – Rehabilitation (PRJ20361) (W.O. #E170331F) Project..

SUMMARY

RAP is in receipt of a Release of Stop Payment Notice filed by the claimant below, which releases the Board from any and all liability for withholding funds from the General Contractor or the Surety.

Contract 3528      CD 12

Chatsworth Park South – Rehabilitation  
(PRJ20361) (W.O. #E170331F) Project

General Contractor: American Integrated Services, Inc.

Project Status: Construction

Claimant: Robertson's

Project Impact: None

Amount: \$3,647.14

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FISCAL IMPACT STATEMENT

Acceptance of Release of Stop Payment Notice has no impact on RAP's General Fund.

This Report was prepared by Iris Davis, Commission Executive Assistant I.

LIST OF ATTACHMENT(S)

- 1) Release of Stop Payment Notice filed by Robertson's

RELEASE OF STOP NOTICE

2017 FEB 27 AM 11:24

TO: CITY OF LOS ANGELES  
221 N FIGUEROA ST LOS ANGELES

You are hereby notified that the undersigned claimant releases that certain Stop Notice dated 01/20/17, in the amount of 3,647.14 against CITY OF LOS ANGELES as owner or public body and American Intergrated Services as prime contractor in connection with the work of improvement known as 22360 W DEVONSHIRE ST in the City of CHATSWORTH County of LOS ANGELES State of California.

Date 02/16/17

Name of Claimant Robertson's

By [Signature]  
Authorized Agent

VERIFICATION

I, the undersigned, state: I am the Agent of the claimant named in the foregoing Release; I have read said Release of Stop Notice and know the contents thereof, and I certify that the same is true of my own knowledge.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 02/16/17, at Corona, California.

[Signature]  
(Signature of Claimant or Authorized Agent)  
61704/091314

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

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 Riverside } ss.

On February 20, 2017 before me, Jennifer Bacca, Notary Public, personally appeared Della Rumsey, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Jennifer Bacca  
Signature

(Seal)

**OPTIONAL INFORMATION**

Date of Document	_____	Thumbprint of Signer
Type or Title of Document	_____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Number of Pages in Document	_____	
Document in a Foreign Language	_____	
Type of Satisfactory Evidence: ____ Personally Known with Paper Identification ____ Paper Identification ____ Credible Witness(es)		
Capacity of Signer: ____ Trustee ____ Power of Attorney ____ CEO / CFO / COO ____ President / Vice-President / Secretary / Treasurer ____ Other: _____		<input type="checkbox"/> Check here if no thumbprint or fingerprint is available.
Other Information:	_____	