

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): MARK D. HENSLEY, City Attorney, City of Chino Hills Elizabeth M. Calciano (SBN 161080) Hensley Law Group 2600 W Olive Avenue, Suite 500 Burbank, CA 91505 TELEPHONE NO: 818.333.5210 FAX NO. (<i>Optional</i>): 818.333.5121 E-MAIL ADDRESS (<i>Optional</i>): ecalciano@hensleylawgroup.com ATTORNEY FOR (<i>Name</i>): City of Chino Hills	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Bernardino STREET ADDRESS: 247 W Third Street MAILING ADDRESS: CITY AND ZIP CODE: San Bernardino, CA 92415 BRANCH NAME: San Bernardino District	CASE NUMBER: RCVRS 51010 JUDICIAL OFFICER: Hon. Gilbert Ochoa
PLAINTIFF/PETITIONER: Chino Basin Municipal Water District DEFENDANT/RESPONDENT: City of Chino, et al.	DEPT.: S24
NOTICE OF CHANGE OF ADDRESS OR OTHER CONTACT INFORMATION	

1. **Please take notice** that, as of (*date*): June 29, 2023

- the following self-represented party or
- the attorney for:
 - a. plaintiff (*name*):
 - b. defendant (*name*): City of Chino Hills
 - c. petitioner (*name*):
 - d. respondent (*name*):
 - e. other (*describe*):

has **changed his or her address** for service of notices and documents or other contact information in the above-captioned action.

A list of additional parties represented is provided in Attachment 1.

2. The **new address** or other contact information for (*name*): Hensley Law Group is as follows:

- a. Street: 2600 W Olive Avenue, Suite 500
- b. City: Burbank, CA 91505
- c. Mailing address (*if different from above*):
- d. State and zip code:
- e. Telephone number: 818.333.5120
- f. Fax number (if available): 818.333.5121
- g. E-mail address (if available): ecalciano@hensleylawgroup.com

3. **All notices and documents** regarding the action should be sent to the above address.

Date: June 29, 2023

Elizabeth M. Calciano

 (TYPE OR PRINT NAME)



 (SIGNATURE OF PARTY OR ATTORNEY)

PLAINTIFF/PETITIONER: Chino Basin Municipal Water District DEFENDANT/RESPONDENT: City of Chino, et al.	CASE NUMBER: RCVRS 51010
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**PROOF OF SERVICE BY FIRST-CLASS MAIL
 NOTICE OF CHANGE OF ADDRESS OR OTHER CONTACT INFORMATION**

(NOTE: This page may be used for proof of service by first-class mail of the Notice of Change of Address or Other Contact Information. Please use a different proof of service, such as Proof of Service—Civil (form POS-040), if you serve this notice by a method other than first class-mail, such as by fax or electronic service. You cannot serve the Notice of Change of Address or Other Contact Information if you are a party in the action. The person who served the notice must complete this proof of service.)

1. At the time of service, I was at least 18 years old and **not a party to this action**.
2. I am a resident of or employed in the county where the mailing took place. My residence or business address is *(specify)*:
3. I served a copy of the *Notice of Change of Address or Other Contact Information* by enclosing it in a sealed envelope addressed to the persons at the addresses listed in item 5 and *(check one)*:
 - a. deposited the sealed envelope with the United States Postal Service with postage fully prepaid.
 - b. placed the sealed envelope for collection and for mailing, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The *Notice of Change of Address or Other Contact Information* was placed in the mail:
 - a. on *(date)*:
 - b. at *(city and state)*:

5. The envelope was addressed and mailed as follows:

- | | |
|--|--|
| a. Name of person served:

Street address:
City:
State and zip code: | c. Name of person served:

Street address:
City:
State and zip code: |
| b. Name of person served:

Street address:
City:
State and zip code: | d. Name of person served:

Street address:
City:
State and zip code: |

Names and addresses of additional persons served are attached. *(You may use form POS-030(P).)*

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

Date:

 (TYPE OR PRINT NAME OF DECLARANT)



 (SIGNATURE OF DECLARANT)

CHINO BASIN WATERMASTER

Case No. RCVRS 51010

Chino Basin Municipal Water District v. City of Chino, et al.

PROOF OF SERVICE

I declare that:

I am employed in the County of San Bernardino, California. I am over the age of 18 years and not a party to the action within. My business address is Chino Basin Watermaster, 9641 San Bernardino Road, Rancho Cucamonga, California 91730; telephone (909) 484-3888.

On July 6, 2023, I served the following:

1. NOTICE OF CHANGE OF ADDRESS OR OTHER CONTACT INFORMATION

BY MAIL: in said cause, by placing a true copy thereof enclosed with postage thereon fully prepaid, for delivery by the United States Postal Service mail at Rancho Cucamonga, California, addresses as follows:

See attached service list: Mailing List 1

BY PERSONAL SERVICE: I caused such envelope to be delivered by hand to the addressee.

BY FACSIMILE: I transmitted said document by fax transmission from (909) 484-3890 to the fax number(s) indicated. The transmission was reported as complete on the transmission report, which was properly issued by the transmitting fax machine.

BY ELECTRONIC MAIL: I transmitted notice of availability of electronic documents by electronic transmission to the email address indicated. The transmission was reported as complete on the transmission report, which was properly issued by the transmitting electronic mail device.

See attached service list: Master Email Distribution List

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Executed on July 6, 2023 in Rancho Cucamonga, California.



By: Ruby Favela Quintero
Chino Basin Watermaster

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11248 S TURNER AVE
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Ruby Favela Quintero

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Categories: Main Email Lists

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