CHICKASHA MUNICIPAL AUTHORITY

AGENDA
LOCATION OF MEETING
CITY HALL COUNCIL CHAMBERS
117 NORTH FOURTH STREET
CHICKASHA, OKLAHOMA 73018

TIME OF MEETING
6:30 PM

DATE OF MEETING
JUNE 1, 2020

1. Call to Order / Roll Call.

2. Consent Docket:

a. Acceptance of the Minutes of the May 18, 2020 regular meeting.

b. Acceptance of the Purchase Order list.

c. Accept and ratify Resolution No. 2020-10R adopting the FY 2020-2021 Fee Schedule.

3. Discussion/Approval of Items Removed from Consent Docket:

4. Consideration and Discussion Items:

a. Discussion, consideration and possible action to authorize transfer of possession of Lake Lease Cottonwood #17.

5. Motion for Adjournment.

City of
CHICKASHA

Meeting Type: CMA Agenda 6-1-2020

Meeting Date: 6/1/2020

Department: City Clerk **Agenda Item No. 2.a.**

AGENDA ITEM: Acceptance of the Minutes of the May 18, 2020 regular meeting.

I. BACKGROUND/DESCRIPTION:

II. RECOMMENDED ACTION:

Accept Minutes of the May 18, 2020 regular meeting.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Susan M. McDaniel, City Clerk	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: June 1, 2020	(From)		

V. ATTACHMENTS:

1. CMA Minutes 5-18-2020

CITY OF CHICKASHA

Office of the City Clerk

May 18, 2020

The **REGULAR** meeting of the **CHICKASHA MUNICIPAL AUTHORITY** was held in the Council Chambers in City Hall on the 18th day of May 18, 2020, as specified by advance public notice with a properly prepared agenda stating the subject matter or matters to be discussed at said meeting. Chairman Mosley called the meeting to order at 6:58 p.m.

ITEM 1. **Call to Order / Roll Call**

CHAIRMAN AND TRUSTEES

PRESENT: Chris Mosley, Chairman
Kimberly Loggins, Vice-Chairman
Oscar Nelson
Jim Hopkins
Zachary Grayson
Joseph Molder
David Sikes
Brian Gerdes

ABSENT: R. P. Ashanti-Alexander

STAFF

PRESENT: John Noblitt, City Manager
Amanda Mullins, City Attorney
Leasa Furr, Administrative Services Director
Susan M. McDaniel, City Clerk
Kathryn Rowell, Police Chief
Brian Zalewski, Fire Chief
Shae Mortimer, Marketing & Civic Engagement Manager
Jim Cowan, EDC

ITEM 2. **Consent Docket: ITEM 2a – ITEM 2d**

ITEM 2a. **Acceptance of the minutes for the May 4, 2020 regular meeting.**
ITEM 2b. **Acceptance of Claims List.**
ITEM 2c. **Acceptance of Financials**
ITEM 2d. **Transmittal of proposed FY 20/21 Budget**

Chickasha Municipal Authority Meeting 5-18-2020
6:58 P.M.

*Motion by Trustee Loggins, second by Trustee Grayson to approve Consent Docket: ITEM 2a – ITEM 2d.

Roll call vote:

Ayes:"	Hopkins, Nelson, Loggins, Grayson, Molder, Sikes, Gerdes and Mosley.
"Nays:"	None
"Abstain:"	None
Motion carried.	8-0

ITEM 3. **Discussion / Approval of Items Removed from Consent Docket:**

No action taken on Item 3.

ITEM 4. **Motion to Adjourn.**

*Motion by Trustee Nelson, second by Trustee Loggins to adjourn.

Meeting adjourned.

TIME: 7:00 P.M.

_____
Chris Mosley, Chairman

ATTEST:

_____
Susan M. McDaniel, City Clerk

(SEAL)

Approved this 1st day of June 2020.

City of
CHICKASHA

Meeting Type: CMA Agenda 6-1-2020

Meeting Date: 6/1/2020

Department: Administration **Agenda Item No. 2.b.**

AGENDA ITEM: Acceptance of the Purchase Order list.

I. BACKGROUND/DESCRIPTION:

II. RECOMMENDED ACTION:
Accept Purchase Order list.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Leasa Furr, Administrative Services Director	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: June 1, 2020	(From)		

V. ATTACHMENTS:

City of
CHICKASHA

Meeting Type: CMA Agenda 6-1-2020

Meeting Date: 6/1/2020

Department: Administration **Agenda Item No. 2.c.**

AGENDA ITEM: Accept and ratify Resolution No. 2020-10R adopting the FY 2020-2021 Fee Schedule.

I. BACKGROUND/DESCRIPTION:

II. RECOMMENDED ACTION:

Accept and ratify Resolution No. 2020-10R adopting the FY 2020-2021 Fee Schedule.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Leasa Furr, Administrative Services Director	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 18, 2020	(From)		

V. ATTACHMENTS:

City of
CHICKASHA

Meeting Type: CMA Agenda 6-1-2020

Meeting Date: 6/1/2020

Department: Parks and Rec **Agenda Item No. 4.a.**

AGENDA ITEM: Discussion, consideration and possible action to authorize transfer of possession of Lake Lease Cottonwood #17.

I. BACKGROUND/DESCRIPTION:

- Current lease holder is now deceased.
- Lease has been held since 2008
- Family member, Emma Farley, has requested transfer of lease .
- Previous request for transfer presented to Trustees on the July 16, 2018 CMA Agenda. Trustees denied that request.
- Currently 21 names on the Lake Lease waiting list. Some names have been on this list since 2017.

II. RECOMMENDED ACTION:

Deny request for transfer of possession of Lake Lease Cottonwood #17 to Emma Chappell and recommend lease be offered to persons on the waiting list.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Kyle Marks, Parks and Recreation Director	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: June 1, 2020	(From)		

V. ATTACHMENTS:

1. Emma Farley request&info
2. CMA CAF-July 16, 2018

To whom it may concern,

My name is Emma Farley, the granddaughter of Mary Ann Chappell. My grandma Mary has a lot at Lake Chickasha. It has been in the family for around 15 years. I grew up at the lake and now my daughter has been there since she was born. My Grandma was in an automobile accident on December 16th, 2019 and passed away. I am reaching out to see if it were possible to transfer the lease into my name. We love the lake and love the city of Chickasha. Everyone at the lake knows us very well, and we are all like a big family. It would be so sad to lose a part of mine and my now daughters' childhood. I work at Hicks Company for James Hicks and my husband works for Unit petroleum. We both grew up around this city and the lake. We chose to raise our family here as well. The lake is part of the home we have made and love it dearly. We never thought something so tragic would ever happen to her, she loved going to the lake and watching all her grandkids, and great grandkids play, and make memories. I know about the list and realize how it works, but being able to keep the lot will mean so much to me and my family which is why I'm reaching out and trying do what I can to keep it. I look forward to hearing what you all decide and appreciate your time.

Sincerely,
Emma Farley
(405)320-3172
P.O. Box 1672
Chickasha, Ok 73023
Hicks Company
(405)224-3410

20190400372 77

STATE OF OKLAHOMA
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019-037277

To be completed by the Funeral Home

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)	1a. LAST NAME PRIOR TO FIRST MARRIAGE	2. SEX
MARY ANN CHAPPELL	DILLINGHAM	FEMALE

3. SOCIAL SECURITY NUMBER	4. EVER IN US ARMED FORCES?	5a. AGE- Last birthday (years)	5b. UNDER 1 YEAR Months	5b. UNDER 1 YEAR Days	5c. UNDER 1 DAY Hours	5c. UNDER 1 DAY Minutes	6. DATE OF BIRTH (Mo/Day/Yr)
[redacted]	NO	76					MARCH 12, 1943

7. BIRTHPLACE (City and State or Foreign Country)	8a. RESIDENCE-State	8b. RESIDENCE-County	8c. RESIDENCE-City or Town
BARTLESVILLE, OKLAHOMA	OKLAHOMA	GRADY	ALEX

8d. RESIDENCE-Zip Code	8e. RESIDENCE-Inside City Limits?	8f. RESIDENCE-Street and Number	8g. RESIDENCE-Apt. Number
73002	YES	[redacted]	

9. MARITAL STATUS AT TIME OF DEATH	10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
☐ Married ☐ Never Married ☒ Widowed ☐ Divorced ☐ Married, but separated ☐ Unknown	

11a. FATHER'S NAME (First, Middle, Last)	11b. FATHER'S LAST NAME PRIOR TO FIRST MARRIAGE	12a. MOTHER'S NAME (First, Middle, Last)	12b. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE
[redacted]	[redacted]	[redacted]	[redacted]

13. DECEDENT OF HISPANIC ORIGIN?	14. DECEDENT'S RACE	15. DECEDENT'S EDUCATION
NO, NOT SPANISH/HISPANIC/LATINO	WHITE	HIGH SCHOOL GRADUATE OR GED COMPLETED

16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.)	17. KIND OF BUSINESS / INDUSTRY
ADMINISTRATIVE ASSISTANT	OILFIELD TANK SERVICE

18a. INFORMANT'S NAME	18b. RELATIONSHIP TO DECEDENT	18c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
CORD MICHAEL CHAPPELL	SON	414 WEST H AVENUE, ALEX, OKLAHOMA 73002

19. METHOD OF DISPOSITION:	20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	21. LOCATION – City, Town and State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (specify)	SOUTHHAVEN LLC	PURCELL, OKLAHOMA

22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH
WINANS FUNERAL HOME - MAYSVILLE, 401 MAIN ST, MAYSVILLE, OKLAHOMA 73057	JOHN WINANS WILLIAMS
	24. FH ESTABLISHMENT LICENSE # 1945ES

To be completed by the Attending Physician or Medical Examiner

25. PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival

IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: ☐ Hospice Facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☒ Other (specify): ROADWAY

26. FACILITY NAME (If not institution, give street & number)	27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH	28. COUNTY OF DEATH
INTERSECTION OF HWY 24 AND HWY 59	WAYNE, OKLAHOMA, 73095	MCCLAIN

29. DATE OF DEATH (Mo/Day/Yr)	30. TIME OF DEATH	31. WAS MEDICAL EXAMINER CONTACTED?	32. WAS AN AUTOPSY PERFORMED?	33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
DECEMBER 16, 2019	12:31	YES	NO	

CAUSE OF DEATH (See Instructions and examples)

34. **PART I.** Enter the chain of events- diseases, injuries or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death ----------→	a. MULTIPLE BLUNT FORCE INJURIES	UNDETERMINED
	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a.	b.	
	Due to (or as a consequence of):	
Enter the **UNDERLYING CAUSE** (disease Or injury that initiated the events resulting in death) **LAST.**	c.	
	Due to (or as a consequence of):	
	d.	
	Due to (or as a consequence of):	

1906273

35. **PART II.** Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I

36. MANNER OF DEATH	37. IF FEMALE:	38. DID TOBACCO USE CONTRIBUTE TO DEATH?
☐ Natural ☐ Homicide ☒ Accident ☐ Suicide ☐ Pending Investigation ☐ Could not be determined	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☐ Yes ☒ No ☐ Probably ☐ Unknown

39. DATE OF INJURY (Mo/Day/Yr)	40. TIME OF INJURY	41. PLACE OF INJURY (e.g., Decedent's home; construction site; wooded area)	42. DESCRIBE HOW INJURY OCCURRED:	43. INJURY AT WORK?
12/16/2019	12:31	ROADWAY	MOTOR VEHICLE	NO

44. LOCATION OF INJURY: State: OKLAHOMA City or Town: WAYNE Zip Code: 73095

Street & Number: INTERSECTION OF HWY 24 AND HWY 59 Apartment Number:

45. IF TRANSPORTATION INJURY, SPECIFY: ☒ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (specify)

46. CERTIFIER (Check only one)

ATTENDING PHYSICIAN: ☐ Physician in charge of the patient's care ☐ Physician in attendance at time of death only

To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

☒ MEDICAL EXAMINER On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

Certifier: ERIC J DUVAL, DO

47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34)

ERIC J. DUVAL, DO
921 NE 23RD STREET
OKLAHOMA CITY, OKLAHOMA
73105

48. LICENSE NUMBER	49. DATE DEATH CERTIFIED (Mo/Day/Yr)
43990K	DECEMBER 19, 2019

50. REGISTRAR'S SIGNATURE	52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr)
Kelly M Baker	DECEMBER 23, 2019

REVISION 2016 VS 154 (12/16)

CMA Action Form **Consideration and Discussion Item No. 4 a**
Meeting Date: **July 16, 2018**
Staff Contact: **John Noblitt, City Manager**

Agenda Item: Consideration, discussion and possible action to authorize a transfer of possession of Lake Lease Cottonwood #17.

Department: Administration

Background/Description of Item:

- Current lease holder wishes to transfer lease to her granddaughter, Emma Chappell.
- If unable to transfer lease, current lease holder wishes to add granddaughter, Emma Chappell, as an additional lease holder.

Staff Recommendation:

Recommended Motion: Deny request for transfer of possession of Lake Lease Cottonwood #17 to Emma Chappell and recommend lease be offered to persons on the waiting list.

Failed
* Trustees denied request

To Chickasha Board Members:
June 29,2018

Regarding Lake Chickasha, my husband and I have had Cottonwood # 17 for a number of years. We bought the trailer that was there, back when that was still allowed. But in August of 2015 he passed away, since then my granddaughter and her fiancé have been taking care of it for me. This weekend will be the first I've been to the lake since my husband's passing. We will have a birthday party for a great-granddaughter's 2nd birthday. I would like at this time to transfer the lease or at the very least would like to add my granddaughter Emma Chappell to the lease. They will continue to pay the annual renewal for me which is a tremendous financial help to me. That way we can all continue to enjoy the time spent there.

Thank you
Mary Ann Chappell
Mary Ann Chappell

P.O. Bx 304
Alex 73002
405 - [redacted]