



**CLAIM AGAINST THE SANTA CLARA VALLEY WATER DISTRICT
California Government Code Sections 900 and following**

<p>The completed form can be mailed, sent electronically or hand delivered. Mail or deliver to:</p> <p>Clerk of the Board Santa Clara Valley Water District-HQ 5700 Almaden Expressway San Jose, CA 95118</p> <p>Or submit the completed form electronically to: clerkoftheboard@valleywater.org</p>	<p align="center">Clerk of the Board's Date Stamp 6/5/23 1:30pm</p> <p align="center">For SCVWD Use Only</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Date Received:</td> <td style="width:50%;">ROUTING</td> </tr> <tr> <td><input type="checkbox"/> Via U.S. Mail:</td> <td><input checked="" type="checkbox"/> CEO:</td> </tr> <tr> <td><input type="checkbox"/> Hand Delivered:</td> <td><input checked="" type="checkbox"/> District Counsel</td> </tr> <tr> <td><input checked="" type="checkbox"/> E-mail: COB</td> <td><input checked="" type="checkbox"/> Risk Management</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input checked="" type="checkbox"/> COB</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> BOD (District #): <u>1</u></td> </tr> </table>	Date Received:	ROUTING	<input type="checkbox"/> Via U.S. Mail:	<input checked="" type="checkbox"/> CEO:	<input type="checkbox"/> Hand Delivered:	<input checked="" type="checkbox"/> District Counsel	<input checked="" type="checkbox"/> E-mail: COB	<input checked="" type="checkbox"/> Risk Management	<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> COB		<input checked="" type="checkbox"/> BOD (District #): <u>1</u>
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With certain exceptions, claims for personal injury or property damage MUST be filed within six months of the incident giving rise to the claim. Claimant must complete each section. If information is unknown, write "unknown" in the appropriate box. Please use additional pages if necessary. Please attach itemized receipts, witness statements, photos and all other documentation that you believe will be helpful to process your claim. Claimant MUST sign and date the form; see last page.

Name of Claimant: <u>Guy Trujillo</u>				
Address of Claimant: <u>17500 Hoot Owl Way</u>		City: <u>Morgan Hill</u>	State: <u>Ca</u>	Zip: <u>95037</u>
Mailing Address to Which Notices Should be Sent if Different From Above: <u>96 Sterling Lane</u>		City: <u>Morgan Hill</u>	State: <u>Ca</u>	Zip: <u>95037</u>
Home Phone Number:	Cell Phone Number: <u>408-210-4750</u>	Work Phone Number:		
Is this claim being filed on behalf of a minor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If so, please indicate minor's date of birth: _____ Relationship to the minor: _____		
Date and time of incident or loss: <u>1-10-2023</u>	Location of incident or loss (address): <u>17500 Hoot Owl Way Morgan Hill, Ca. 95037</u>	Is there a police report? <input type="checkbox"/> Yes If Yes, Police Report #: <input checked="" type="checkbox"/> No		

Describe how the incident or loss happened, and the reason you believe the Santa Clara Valley Water District is responsible for your damages (Please attach additional sheets if necessary):

Septic tank overflow due to excessive rain.



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In detail, describe the damage or injury (Please attach additional sheets if necessary):

Shower and toilet backed up.

List Name(s) and contact information of any witness(es) or District employee involved (if any):

Edna Campero

DAMAGES CLAIMED: Basis for computation of amounts claimed (include copies of bills, invoices, estimates, receipts, photos, police case # or other documentation.) Note: If your claim is more than \$10,000, you need not fill in an amount, but must state whether jurisdiction for the claim would be in the Limited Jurisdiction (up to \$25,000) or Unlimited jurisdiction of the Superior Court.

Is the amount of the claim under \$10,000? [] Yes [] No
Court Jurisdiction: (Check One) [] Limited Civil [] Unlimited Civil

Table with 2 columns: ITEMS and CLAIM AMOUNT. Row 1: 1. invoice # 12533, \$ 965.00. Row 2: 2., \$. Row 3: 3., \$. Row 4: 4., \$. Row 5: TOTAL AMOUNT, \$ 965.00.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE OR FRAUDULENT CLAIM (Penal Code Section 72 and 550)

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except to those matters stated upon information and belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this 5th day of June, 2023, Rey Snijello
Claimant's signature

Government Code Section 945.6 provides that, with limited exceptions, any suit brought against a public entity must be commenced:

- (1) If written notice is given of a denial of claim in accordance with Section 913, not later than six months after the date such notice is personally delivered or deposited in the mail.
(2) If written notice is not given of a denial of claim in accordance with Section 913, within two years from the accrual of the cause of action.



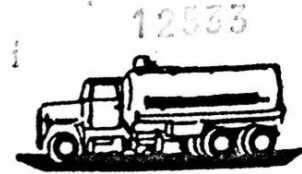
MORTON SEPTIC SERVICE, INC.

License No. 804034

P.O. Box 1682 • Morgan Hill, CA 95038

(408) 842-2942

mortonsepticsevice@yahoo.com



Arrival: _____

Completion: _____

Customer Name: <u>Guy Trijillo</u>	Date: <u>1-10-23</u>
Address: <u>17500 Hoot Owl</u>	Res. Phone: <u>408-210-4750</u>
City: <u>Morgan Hill</u> State: <u>Ca</u> Zip: <u>95037</u>	Bus. Phone: _____
Job Location: <u>- Same -</u>	Email: <u>guyshvac@yahoo.com</u>
Nearest X Street: <u>Holiday Dr.</u>	P.O. #: _____
Authorized By: <u>Guy 408-210-4750</u>	TERMS: DUE ON RECEIPT A finance charge of 1.5% per month will be levied on balances more than 30 days old.

Description		Amount
Line Cleaning <input checked="" type="checkbox"/> Inflow <input checked="" type="checkbox"/> Outflow <u>REMOVED BLOCKAGE</u> Filter Cleaning <input type="checkbox"/>		190.00
Septic Tank Size <u>1200</u> Gal. Pumped <u>1300</u>		535.00
Type of Tank: Cement <input checked="" type="checkbox"/> Redwood <input type="checkbox"/> Plastic <input type="checkbox"/> <u>HOMEMADE</u>		
Labor for Locating and Digging (Standby time) <u>1/4 hr. W.S. / OWNER EXPOSED S.S.</u>		50.00
Depth of Lids: Water Side: <u>4"</u> Solid Side: <u>4"</u>		
Other <u>EMERGENCY CALL OUT</u>		190.00
Remarks: <u>TANK OVERFLOO UPON ARRIVAL WIND BROKE FLOW FROM LAKENFIELD, INLET LINE PLUGGED W/ROOTS & TISSUE - REMOVED BLOCKAGE, HAD NEVER PUMPED W.S. (DIDN'T KNOW ABOUT IT) HOUSE SYSTEM TO BE CONDENSED. (700 CLOSE TO LAKE.)</u>		
DRIVER SIGNATURE <u>[Signature]</u>	Inspection Fee	
CUSTOMER SIGNATURE <u>[Signature]</u>	Out of Area Fee	
	Other	
	Total	965.00
	Amount Paid	965.00
	BALANCE DUE	0

CUSTOMER RESPONSIBLE FOR ANYTHING CONSIDERED AS HAZARDOUS WASTE IN SEPTIC TANK. ALL LIABILITY OF LEGAL FEES SUCH AS ATTORNEY, CLAIMS, DEMANDS, COST ARISING FROM THE DUMPING OF SAID WASTE MATERIALS IS RESPONSIBILITY OF CUSTOMER.

