



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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Clerk of the Board's Date Stamp</td> </tr> <tr> <td colspan="2" style="text-align: center;">For SCVWD Use Only</td> </tr> <tr> <td style="width: 50%;">Date Received:</td> <td style="width: 50%; text-align: center;">ROUTING</td> </tr> <tr> <td><input type="checkbox"/> Via U.S. Mail</td> <td><input type="checkbox"/> CEO</td> </tr> <tr> <td><input type="checkbox"/> Hand Delivered</td> <td><input type="checkbox"/> District Counsel</td> </tr> <tr> <td><input type="checkbox"/> Email</td> <td><input type="checkbox"/> Risk Management</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> COB</td> </tr> <tr> <td></td> <td><input type="checkbox"/> BOD (District #): _____</td> </tr> </table>	Clerk of the Board's Date Stamp		For SCVWD Use Only		Date Received:	ROUTING	<input type="checkbox"/> Via U.S. Mail	<input type="checkbox"/> CEO	<input type="checkbox"/> Hand Delivered	<input type="checkbox"/> District Counsel	<input type="checkbox"/> Email	<input type="checkbox"/> Risk Management	<input type="checkbox"/> Other: _____	<input type="checkbox"/> COB		<input type="checkbox"/> BOD (District #): _____
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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:		Email Address:		
Address of Claimant:		City:	State:	Zip:
Address to which Notices should be sent, if different from above:		City:	State:	Zip:
Home Phone Number:	Cell Phone Number:	Work Phone Number:		
Is this claim being filed on behalf of a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, please indicate minor's date of birth: Relationship to the minor:		
Date and time of incident or loss:	Location of incident or loss (address):	Is there a police report? <input type="checkbox"/> Yes If Yes, Police Report Case #: <input 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)*:



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

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

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

ITEMS	CLAIM AMOUNT
1.	\$
2.	\$
3.	\$
4.	\$
TOTAL AMOUNT	\$

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 _____ day of _____, 20____ Faribeh Seyedi
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.