

10/25/16 - Orig. - Risk Management
Dist Coun
CEO
COB

Santa Clara Valley Water District

Phone: 408 265 2600
Fax: 408 445 1435

Claim Against the
Santa Clara Valley Water District
California Government Code
Sections 900 and following.

General Counsel form updated July, 2003

For Office Use Only:
Date Received:
By:

Serve or mail this form to: Clerk of the Board
Santa Clara Valley Water District
5750 Almaden Expressway
San Jose, California 95118

1. Name(s) and Address(es) of the person or persons making the claim	Name(s): Donald Bean Address: 1685 Clovis Ave. San Jose, CA 95124 Phone number (optional): 408-269-4936
2. Is this claim filed on behalf of a minor? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If so, please indicate minor's date of birth: Relationship of claim filer to minor:
3. Name and address of the person to who notices are to be sent, if different than Number 1.	Name: <i>Same</i> Address:
4. Date, place and other circumstances of the occurrence, incident, injury or transaction. <i>Attach additional sheets for more space, if needed.</i>	Date: <i>Somewhere around 1965</i> Location (address and or nearest intersection): <i>DRYS DRAKE & CLOVIS AVE</i> Other circumstances, including time, if known:
5. Describe the debt, obligation, injury, damage or loss suffered so far as they are known. Include a description of the facts giving rise to the claim and why you believe the Santa Clara Valley Water District is responsible. <i>Attach additional sheets for more space, if needed, and photos, if available.</i>	Description: <i>IMPROPER GRADING WHEN LARGE PIPE LINE PUT IN BEHIND MY PROPERTY. WATER HAS BEEN UNDERMINING MY DECKING AND CAUSING DAMAGE TO CONCRETE DECKING. THIS HAS BEEN REPORTED BEFORE BUT NOTHING HAS BEEN DONE TO CORRECT THE GRADING</i>
6. Name of the District employee who caused the injury, if known.	Name: <i>Unknown NOT Known.</i>
7. Is the amount of this claim now:	Under \$10,000? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Over \$10,000? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8. If the amount is now over \$10,000, is this:	A Limited Civil Case? (Less than \$25,000) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> An Unlimited Civil Case? (Greater than \$25,000) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Signature: <i>Donald L. Bean</i> Date: 10-24-16	Additional Signature(s): _____ Date(s): _____