



# CLAIM AGAINST THE SANTA CLARA VALLEY WATER DISTRICT

## California Government Code Sections 900 and following

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CEO  
District Counsel  
Risk Management (Org)  
District 6

Clerk of the Board's Date Stamp

<b>The completed form can be mailed, sent electronically For SCVWD Use Only or hand delivered. Mail or</b>	
<b>deliver to:</b>	<b>Date Received:</b> 9/20/22 <b>ROUTING</b>
Clerk of the Board Santa Clara Valley Water District-HQ 5700 Almaden Expressway San Jose, CA 95118	<b>Via U.S. Mail:</b> <input type="checkbox"/> <b>CEO:</b> <input type="checkbox"/>
Or submit the completed form electronically to: E-mail:	<input type="checkbox"/> <b>Hand Delivered:</b> <input type="checkbox"/> <b>District Counsel</b>
Other: ___ COB	<input checked="" type="checkbox"/> <b>Risk Management</b> <a href="mailto:clerkoftheboard@valleywater.org">clerkoftheboard@valleywater.org</a>
	<input type="checkbox"/> <b>BOD (District #):</b>

**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.

<b>Name of Claimant:</b> Cecilia Marosi			
<b>Address of Claimant:</b> 10981 Barranca Dr.		<b>City:</b> Cupertino	<b>State:</b> CA <b>Zip:</b> 95014
<b>Mailing Address to Which Notices Should be Sent if Different From Above:</b>		<b>City:</b>	<b>State:</b> <b>Zip:</b>
<b>Home Phone Number:</b> 650-823-2772		<b>Cell Phone Number:</b>	<b>Work Phone Number:</b>
<b>Is this claim being filed on behalf of a minor?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If so, please indicate minor's date of birth: ___ Relationship to the minor:</b>	
<b>Date and time of incident or loss:</b> 5/14/22 and 9/21	<b>Location of incident or loss (address):</b> 1020 S 12 <sup>th</sup> St. San Jose, CA 95112		<b>Is there a police report?</b> <input type="checkbox"/> Yes If Yes, Police Report #: <input type="checkbox"/> No (Unknown)

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*): Fires have been started several times by homeless people living in an encampment directly behind the property.



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

Each fire started by the homeless living in the encampment, results in the fire fighters breaking down the fence in order to gain access to the flames. Wood boards with nails sticking out are always left on the ground which is dangerous for the tenants. Especially, for the children living on the property.

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

Matthew Hop 650-690-5503

**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?  
Court Jurisdiction: (Check One)

☐

Yes  
Limited Civil

☐

No  
Unlimited Civil

ITEMS	CLAIM AMOUNT
1. Labor for both incidences.	\$ 274.00
2. Material for both incidences.	\$ 528.00
3.	\$
4.	\$
<b>TOTAL AMOUNT</b>	<b>\$</b>

**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

19<sup>th</sup> day of

September.<sup>20</sup> 22



\_\_\_\_\_  
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.

## Michele King

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**From:** Clerk of the Board  
**Sent:** Monday, September 19, 2022 9:50 PM  
**To:** Michele King  
**Subject:** FW: Claim form.  
**Attachments:** Santa Clara Valley Water District Form .pdf

**Follow Up Flag:** FollowUp  
**Flag Status:** Flagged

**Michelle Critchlow**, Executive Assistant to  
Michele King, Clerk of the Board  
Office of the Clerk of the Board  
Tel. (408) 630-2883 / Cell. (408) 394-2970



Clean Water • Healthy Environment • Flood Protection  
5750 Almaden Expressway, San Jose CA 95118  
[www.valleywater.org](http://www.valleywater.org)

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**From:** Cecilia Marosi <cmarosi@sj4rent.org>  
**Sent:** Monday, September 19, 2022 2:05 PM  
**To:** Clerk of the Board <clerkoftheboard@valleywater.org>  
**Subject:** Claim form.

\*\*\* This email originated from outside of Valley Water. Do not click links or open attachments unless you recognize the sender and know the content is safe. \*\*\*

Hello there,

Below is the completed claim form for my property at 1020 S 12th St., in San Jose. I have also attached pictures.

Thanks so much!

Cecilia Marosi

















650-823-2772