

Santa Clara Valley Water District

Phone: 408 265 2600
Fax: 408 445 1435

Serve or mail this form to: Clerk of the Board
Santa Clara Valley Water District
3750 Almaden Expressway
San Jose, California 95118

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

General Counsel form updated July, 2005

For Office Use Only:

Date Received

By:

1. Name(s) and Address(es) of the person or persons making the claim	Name(s): <i>George Clark</i> Address: <i>6815 Shearwater Drive, S.J., CA 95120</i> Phone number (optional): <i>408-234-0897</i>
2. Is this claim filed on behalf of a minor? Yes ___ No <input checked="" 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: 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>10/1/17 - 3/1/18</i> Location (address and or nearest intersection): <i>6815 Shearwater Drive, S.J. CA 95120</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>\$1,595</i> <i>Damaged our water softener due to poor quality of water.</i> <i>Randazzo's inspected unit and stated that unit was damaged by exposure to chloramine. (See Attached)</i>
6. Name of the District employee who caused the injury, if known.	Name:
7. Is the amount of this claim now:	Under \$10,000? Yes <input checked="" type="checkbox"/> No ___ Over \$10,000? Yes ___ 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 ___ No ___ An Unlimited Civil Case? (Greater than \$25,000) Yes ___ No ___
Signature: <i>George Clark</i> Date: <i>6/15/18</i>	Additional Signature(s): Date(s):

RANDAZZO'S WATER CONDITIONING

1552 Wawona Drive
San Jose, CA 95125
Phone (408) 978-5355
Fax (408) 978-0244

State Contractor's License No. 514073

NAME George Clark DATE 12/17
ADDRESS 6815 Shorewater Ln CITY ST
WIFE'S NAME _____ ZIP 95122 PHONE _____
EMPLOYED BY 101 406 284-0897
INST. DATE _____ MAP: PAGE NO. 894142

Private Home ☐ Apartment ☐ Commercial ☐ Other _____
Occupants _____ Bathrooms _____ Automatic Washer ☐ Dishwasher ☐
Estimated Water Usage _____ gal. per _____ Hardness _____ G.P.G.
Municipal Supply ☐ Private Well ☐ Taste & Odor _____ Turbidity _____ Iron _____
Sulphur _____ pH _____ Other _____
RECOMMENDED BY NW

<input checked="" type="checkbox"/> Full Line <u>265 PAV</u>	<input type="checkbox"/> New Connection
<input type="checkbox"/> By Pass Valve	<input type="checkbox"/> Exchange Pre Plumb
<input type="checkbox"/> Hot Only	<input checked="" type="checkbox"/> Domestic Pre Plumb
<input type="checkbox"/> Hot w/cold to washer	<input type="checkbox"/> Transfer
<input checked="" type="checkbox"/> Copper <input type="checkbox"/> Galvanized	<input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space
<input checked="" type="checkbox"/> 1/2" Pipe Size	<input type="checkbox"/> Utility Room <input type="checkbox"/> Customer's
	<input type="checkbox"/> Outside <input type="checkbox"/> Preference
	<input checked="" type="checkbox"/> Garage

INSTRUCTIONS:

12 month 1/2" (T) factory warranty
Subject to maximum water
pressure of 75 PSI

Diagram of Desired Connection

TERM OF SERVICE:

☐ SERVICE TERM _____ MONTHS

AUTOMATIC SERVICE		
No.	Description	Rate
	Total rate per	\$

EQUIPMENT PURCHASE			
No.	Model	Description	Rate
1	4000	1040265 4000 (59)	\$1,555

☐ Automatic Salt Delivery Service
(at regular prices & payable on invoice)

2. GUARANTEED SERVICE CHARGE	
ITEM	Amount
Basic Connection Charge	\$112
Additional Plumbing Charge <u>265 PAV</u>	143
Service For	
Salt lbs. @ \$ _____ per	
Other <u>1744 40</u>	144
Tax	11
TOTAL CHARGES	\$1,990
Less received with order <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <u>157</u>	157
BALANCE DUE	\$1,833
Connection & Plumbing charges to be paid	
in payments of \$ _____ per	

3. Balance due of \$ 1,833 payable as follows:

☐ Cash on job completion ☐ When billed

☐ Finance with _____ at \$ _____

per month for _____ months

No Returns or Refunds

Contractors are required by law to be licensed and regulated by the Contractors' State License Board. Any question concerning a contractor may be referred to the Registrar of the Board, whose address is: Contractors' State License Board, 1020 N Street, Sacramento, California 95814.

GUARANTEED PURCHASE OPTION ALLOWANCE: Guaranteed option price \$ _____

☐ Automatic Service—The first 12 months service payments will apply toward purchase. It is customer's responsibility to contact Randazzo's to exercise the purchase option.

Dealer Representative

Dealer Approval

Customer Signature

Date

You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the reverse side for notice of cancellation form for an explanation of this right.

ALL DRINKING WATER SYSTEMS REQUIRE A MINIMUM OF ANNUAL SERVICE.

WIA

phone 0412

I HAVE BEEN PRESENTED WITH AND READ A COPY OF THE WARRANTY.

RANDAZZO'S WATER CONDITIONI

Lic. #51407
P.O. Box 244E
SAN JOSE, CA 95154-44E
Phone (408) 978-53E
Fax (408) 978-024

CUSTOMER'S ORDER NO.		PHONE		DATE 7/22/18	
NAME		George Clark			
ADDRESS		6815 Shearwater Dr San Jose, CA 95126			
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	PAID OUT
QTY.	DESCRIPTION			PRICE	AMOUNT
	It is my opinion that the Resin failure in your water softener was accelerated by exposure to Chloramine. Rick Randazzo				
RECEIVED BY				TAX	
				TOTAL	

All claims and returned goods MUST be accompanied by this bill.

24299

Thank You

Michelle Critchlow

From: George Clark <clarkgeo@pacbell.net>
Sent: Monday, June 18, 2018 2:02 PM
To: Clerk of the Board; George Clark
Subject: Re: Claim Form - Santa Clara Valley Water District
Attachments: Santa Clara Valley Water District -6-18.pdf

RECEIVED
JUN 19 2018
CLERK OF THE BOARD

Clerk of the Board
Santa Clara Valley Water District,

Please see attached claim form with attachments. Please, also respond that you have received this claim.

Our water softner was damaged and needed replacement due to the exposure to chloromine in the water. This was caused by the poor water quality during the the latter part of 2017 and the early part of 2018. I have documents from many households about the poor quality of the water during this period. I have attached documents from our repair service (Randazzo's) to verify this.

Please contact me if you have any questions. I would expect to be reimbursed for this problem.

George Clark
408-234-0897