## Santa Gara Valley Water District

Phone: 408 265 2600 Fax: 408 445 1435 CC: CEO
COB
Counsel
Risk

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

Serve or mail this form to:

Clerk of the Board Santa Clara Valley Water District 5750 Almaden Expressway San Jose, California 95118 General Counsel form updated July, 2003
For Office Use Only:
Date Received: 7/11/18 @ 2:07pr

By: Me wa comall

1. Name(s) and Address(es) of the	Name(s): William Minderler
person or persons making the claim	Address 215 London Blood Cilroy CA 05020
Ciaim	Address: 215 London Place, Gilroy, CA 95020
2	Phone number (optional): 408-842-1504
2. Is this claim filed on behalf of a	If so, please indicate minor's date of birth:
minor? Yes No _x	Relationship of claim filer to minor:
3. Name and address of the person	Name:
to who notices are to be sent, if	
different than Number 1.	Address:
4. Date, place and other	Date: ?
circumstances of the occurrence,	
incident, injury or transaction.	Location (address and or nearest intersection): 215 London Place,
Attach additional sheets for more	Gilroy, CA 95020
space, if needed.	Other circumstances, including time, if known:
space, y necueu	Other chemistances, including time, it known.
5. Describe the debt, obligation,	Description: Tree root from tree growing on Santa Clara Valley Water
injury, damage or loss suffered so	District property has pushed up 6' x 15' concrete pad with
far as they are known. Include a	storage shed. Estimate to demo and remove concrete was
description of the facts giving rise	\$950. Also spent approximately 40 hours moving existing
to the claim and why you believe	storage sheds to expose damaged concrete pad. Pad has
the Santa Clara Valley Water District is responsible.	pushed up 3" and is not level which damaged the storage shed as well. Total estimate of damage is \$1500.
District is responsible.	shed as well. Total estimate of damage is \$1000.
Attach additional sheets for more	
space, if needed, and photos, if	
available.	
6. Name of the District employee	Name:
who caused the injury, if known.	
7. Is the amount of this claim now:	Under \$10,000? Yes No_x
	Over \$10,000? Yes No
8. If the amount is now over	A Limited Civil Case? (Less than \$25,000) Yes No
\$10,000, is this:	An Unlimited Civil Case? (Greater than \$25,000) Yes No
Signature:	Additional Signature(s):  Date(s):
	Date(5).
Date:	

















