

**Risk**  
**District Counsel**  
 CEO  
 COB  
 u30tk

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): <b>Daniel Liu</b> Address: <b>6610 Camden Ave, San Jose, CA 95120</b> Phone number (optional): <b>(408) 921-7908</b>
2. Is this claim filed on behalf of a minor? Yes <input type="checkbox"/> 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: <b>9/16/2018</b> Location (address and or nearest intersection): <b>6610 Camden Ave, San Jose, CA 95120</b> Other circumstances, including time, if known: <b>At around 3:00 PM</b>
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: <b>A big branch of a big tree fell down on the fence in our backyard. It damaged the wood fence, metal fence, some flowers and a tall lamp post lights. The tree belongs to Santa Clara Valley Water district. Thanks to John's help for the quick cleanup on the fallen tree.</b>
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 <input type="checkbox"/> Over \$10,000? Yes <input type="checkbox"/> No <input 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 type="checkbox"/> An Unlimited Civil Case? (Greater than \$25,000) Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature: 	Additional Signature(s): Date(s):
Date: <b>10-2-2018</b>	

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