## Santa Clara Valley Water District

## CLAIM AGAINST THE SANTA CLARA VALLEY WATER DISTRICT California Government Code Sections 900 and following

	Clerk of the Board's Date Stamp			
The completed form can be mailed, sent electronically	For SCVWD Use Only			
or hand delivered. Mail or deliver to:	Date Received:	ROUTING		
Clerk of the Board Santa Clara Valley Water District-HQ	☐ Via U.S. Mail:	CEO:		
5700 Almaden Expressway San Jose, CA 95118	☐ Hand Delivered:	District Counsel		
	☐ E-mail:	Risk Management 0v4		
Or submit the completed form electronically to: clerkoftheboard@valleywater.org	Other:	Гьов		
		BOD (District #):		
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.				
Name of Claimant: Hooman Sotood	teh			
Address of Claimant: City:	1	State: Zip:		
2220 S. Bascom Ave.	Campbell	CA 95008		
Mailing Address to Which Notices Should be Sent if City: Different From Above:		State: Zip:		
Same		*		
Home Phone Number: Cell Phone Number: Same		hone Number: Same		
Is this claim being filed on behalf of a minor?  If so, please indicate minor's date of birth:  Relationship to the minor:				
Date and time of incident or loss (a loss: 996/998 Lince San Jose, A	ofn Ave. Yes	police report?  If Yes, Police Report #:		
Describe how the incident or loss happened, and the reason you believe the Santa Clara Valley Water District is responsible for your damages ( <i>Please attach additional sheets if necessary</i> ):				
Dwring the rain & heavy winds last week 2 trees fell onto the backyard of our property, damaged a fence, an awning, etc  The Trees are on the Banks of Las Gatos Crock				

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In detail, describe the damage or injury (Please attach additional sheets if necessary):  Physical Damage to:  Tence, Tool Shed in backyard, Awning above & Plan of a parked car.	e a window,	
List Name(s) and contact information of any witness(es) or District employee involved (if any):		
Jai Patel (510) 600-2123	125	
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?  Yes  No Court Jurisdiction: (Check One)  Limited Civil  Unlimited Civil		
ITEMS	CLAIM AMOUNT	
71: 0	CLAIM AMOUNT	
1. Debra Cleanup	* 1, JUU	
2. Bal- of Tree cutting & Kemoval	\$ 1,500_	
3. Fence Repair ()	\$ 2,000 -	
4. Awning Repair + broken pipe	\$3500 T	
S. Can O Repair TOTAL AMOUNT	s 1,500	
	10,000	
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 except to those matters stated upon information and belief and as to such matters I believe the sam under penalty of perjury that the foregoing is TRUE and CORRECT.		
Signed this day of DeC., 20 19 Plainant's signature		
Government Code Section 945.6 provides that, with limited exceptions, any suit brought against a pu	blic entity must be	

- (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.