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By: Muhile J

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

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):Great Oaks Water Company Address:20 Great Oaks Blvd., Ste. 120 San Jose, CA 95119 Phone number (optional):
2. Is this claim filed on behalf of a minor? Yes No X	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:Timothy S. Guster, General Counsel Great Oaks Water CompanyAddress:PO Box 23490, San Jose, CA 95153
 Date, place and other circumstances of the occurrence, incident, injury or transaction. Attach additional sheets for more space, if needed. 	Date: See attached. Location (address and or nearest intersection): 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.	Description: See attached.
Attach additional sheets for more space, if needed, and photos, if available.	
6. Name of the District employee who caused the injury, if known.	Name: Board of Directors, Santa Clara Valley Water District and all staff of the Santa Clara Valley Water District involved in the groundwater charge process, including Office of District Counsel
7. Is the amount of this claim now:	Under \$10,000? YesNoX Over \$10,000? YesXNo
8. If the amount is now over \$10,000, is this: Signature: Jared Ajlouny, Vice President Date: 12 30 2019	A Limited Civil Case? (Less than \$25,000) Yes No X An Unlimited Civil Case? (Greater than \$25,000) Yes X No Additional Signature(s): Date(s):

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