



**Notice to the Las Vegas Valley Water District
Risk Management Department**

This report concerns (select one):

Las Vegas Valley Water District

Southern Nevada Water Authority

	<p><i>Instructions: Check all that apply and complete the form below.</i></p> <p><input type="checkbox"/> Notice of Incident/Event <input type="checkbox"/> Date of Incident: _____</p> <p><input type="checkbox"/> Request for Investigation <input type="checkbox"/> Notice of Claim</p>	
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Please Contact Me:

Name: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ E Mail: _____

Type of Incident: Property Damage Auto Accident Other

Location of Incident: _____

Description of Incident: _____

Information is attached regarding this notice: (Describe)

By my signature below, I certify that the information presented above is true and accurate to the best of my knowledge. I understand that the Las Vegas Valley Water District or its representative will contact me within 72 hours to discuss this notice. I understand that the District or their representative will investigate the information provided and that submission of this form does not constitute an acceptance of a claim by the District.

Signed: _____ Date: _____

Fax to: (702) 258-7153 Attn: Risk Management Department

OR

Mail to: Las Vegas Valley Water District
Risk Management Department MS 320
1001 South Valley View Blvd.
Las Vegas, NV 89153

LVVWD USE ONLY:
