

## 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>	
<b>Please Contact Me:</b>		
Name: _____		
Street Address: _____		Apt. #: _____
City: _____	State: _____	Zip: _____
Work Phone: _____	Home Phone: _____	
Cell Phone: _____	E Mail: _____	
<b>Type of Incident:</b> <input type="checkbox"/> Property Damage <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other		
Location of Incident: _____		
Description of Incident: _____		
<input type="checkbox"/> Information is attached regarding this notice: (Describe)		
<p><i>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.</i></p>		
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:		