



Dear Claimant:

To submit a property damage claim against Santa Clara Valley Transportation Authority (VTA), you must complete the enclosed claim form as fully as possible (in accordance with Government Code Section 910). Please include your name, current address and telephone number in the space provided.

As required by Government Code Section 910, a claim must be filed with VTA by July 27, 2026. Please attach additional pages if needed.

Completed claims must be mailed or hand delivered. Hand-delivered claims are accepted Monday through Friday from 9:00 a.m. to 5:00 p.m. No fax or email claims will be accepted.

Address

Santa Clara Valley Transportation Authority
Attention Board Secretary's office
3331 N First Street, Building B
San Jose, CA 95134-1906

Claims may also be hand-delivered to the Community Outreach Field Office on Tuesdays, from 1:00 p.m. to 5:00 p.m., and by appointment. Claims may only be delivered to Community Outreach Staff.

Address

Community Outreach Field Office
1091 S. Capitol Avenue, San Jose
Tuesday

Once your claim is processed, you will be contacted to discuss it and schedule a home inspection.

Home inspections will take place Monday-Friday, 8:00 a.m.-5:00 p.m., only. Please allow up to four hours for a detailed inspection.

Warning: It is a criminal offense to file a false claim (Penal Code Section 72).

Enclosure: Claim for Property Damages Form



SANTA CLARA VALLEY TRANSPORTATION AUTHORITY
3331 North First Street, San Jose, California, 95134-1906
Attn: Risk Management

CLAIM FOR PROPERTY DAMAGE/S – Eastridge to BART Regional Connector Project

(This constitutes compliance with Government Code Sections 910-910.2).

Please Print or Type:
The name and post office address of the claimant:

Claimant's Legal First Name: _____

Claimant's Legal Last Name: _____

Street Address: _____

If different from above, address to which the claimant desires notices to be sent:

Telephone: _____



Claimant Name: _____

CLAIM FOR PROPERTY DAMAGE/S – Eastridge to BART Regional Connector Project

The date, place, and other circumstances of the occurrence or transaction to give rise to the claim asserted. You may include any estimates you may have:

Date of Damage: _____

Time of Damage (if known): _____

Location of Damage: _____

A general description of the property damage(s) so far as it may be known at the time of presentation of the claim. Please provide the known facts surrounding the damage and use additional pages as needed. Please attach photographs if available:

Claimant: _____ Date: _____
Signature

Print Name

(Optional) Claimant’s Attorney or

Representative: _____ Date: _____
Signature

Print Name