

**PROPERTY DAMAGE  
CLAIM AGAINST THE CITY OF NEW YORK  
FOR WATER DAMAGE OR LOSS**

TO THE COMPTROLLER OF THE CITY OF NEW YORK: I HEREWITH PRESENT MY CLAIM AGAINST THE CITY OF NEW YORK FOR PROPERTY DAMAGE.

**PERSONAL INFORMATION**

<u>Last Name of Claimant</u>		<u>First Name</u>	
<u>Address</u>		<u>Borough</u>	<u>Zip Code</u>
<u>Date of Birth</u>	<u>Social Security #</u>		<u>Telephone #</u>
<u>Cell #</u>	<u>Fax #</u>	<u>E-Mail Address</u>	

My damaged property is located at \_\_\_\_\_

Number	Street	City	State	Zip
--------	--------	------	-------	-----

and was damaged on \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE INDICATE THE CAUSE OF THE WATER DAMAGE:

- NEW YORK CITY WATERMAIN BREAK [  ]
- NEW YORK CITY SEWER OVERFLOW [  ]
- STREET FLOODING [  ]
- ERRONEOUS THREE-DAY NOTICE [  ]

DESCRIBE IN DETAIL HOW YOUR PROPERTY WAS DAMAGED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DID YOU REPORT THE INCIDENT TO THE DEPARTMENT OF ENVIRONMENTAL PROTECTION? Yes [  ] No [  ]  
Date reported \_\_\_\_\_ Complaint Number (s) \_\_\_\_\_

CHECK BOX BELOW WHICH DESCRIBES YOUR PROPERTY:

Apt. Building [  ]    Retail Store [  ]    Private House [  ]    Commercial Building [  ]    Other [  ]  
Describe \_\_\_\_\_

ANY HISTORY OF WATER DAMAGE? Yes [  ] No [  ]. If yes, give date (s) of previous water damage \_\_\_\_\_  
City Claim # (s) \_\_\_\_\_

WAS IT RAINING AT THE TIME OF THE INCIDENT? Yes [  ] No [  ] INDICATE HOW THE WATER ENTERED THE PROPERTY: Basement Trap [  ] Toilet [  ] Sink [  ] Bathtub [  ] Foundation [  ] Walls [  ] Sidewalk Gratings [  ] Cellar Door [  ] Other [  ] DESCRIBE BELOW:

WHAT WAS THE LEVEL OF THE WATER IN THE PREMISES? \_\_\_\_\_

HOW WAS THE WATER REMOVED? \_\_\_\_\_ HOW LONG WAS WATER IN PREMISES? \_\_\_\_\_

WAS THERE ANY STRUCTURAL DAMAGE TO THE PROPERTY? Yes [  ] No [  ] If yes, describe in detail: \_\_\_\_\_

WAS ANY OF THE DAMAGED PROPERTY SOLD AT SALVAGE? Yes [  ] No [  ] If yes, amount received: \$ \_\_\_\_\_

DID YOU HAVE INSURANCE COVERAGE FOR THE INCIDENT? Yes [  ] No [  ] If yes, state the name and address of your insurance company \_\_\_\_\_ amount paid \$ \_\_\_\_\_  
Claim Pending [  ] Policy Limit \_\_\_\_\_

WITNESS (ES) \_\_\_\_\_

AMOUNT OF CLAIM AGAINST NEW YORK CITY \$ \_\_\_\_\_

**CERTIFICATION**

Claimant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

State of New York ] ss:  
County of

\_\_\_\_\_ being duly sworn deposes and says that I have read the foregoing NOTICE OF  
(PRINT NAME)

CLAIM and know the contents thereof; that the same is true to the best of my own knowledge except as to the matters therein stated to be alleged upon information and belief, and as to those matters. I believe them to be true.

Signature of Claimant: X: \_\_\_\_\_ Date: \_\_\_\_\_

IMPORTANT: IF THE CLAIM IS NOT SETTLED, YOU MUST START LEGAL ACTION WITHIN ONE YEAR AND NINETY DAYS FROM THE DATE OF THE OCCURENCE.

NOTARY PUBLIC STAMP

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

**INSTRUCTIONS FOR FILING THIS CLAIMS**

This claim must be filed in duplicate either in person or by Registered or Certified Mail within 90 days from this date of damage at the Office of the Comptroller, Municipal Building, Room 1225S, 1 Centre Street, New York, New York 10007-2341.

NOTICE: DAMAGED PROPERTY SHOULD BE KEPT UNTIL INSPECTED. IF PROPERTY MUST BE DISPOSED OF, A CLEAR PHOTOGRAPH OF EACH ITEM IS REQUIRED. In addition, for all appliances and electrical items such as Televisions, Video Cassette Recorders, Computers, etc., you must provide the manufacturer's name, model number and serial number. Receipts/bills (original or facsimile) must be provided for all items listed. FRO STRUCTURAL OR REAL PROPERTY DAMAGE, A CONTRACTOR'S ESTIMATE OR BILL IS REQUIRED.

LIST OF DAMAGES AND COST

DETAILED DESCRIPTION OF DAMAGED ARTICLES	DESCRIBE NATURE AND EXTENT OF DAMAGES	DATE OF PURCHASE	WHERE PURCHASED	COST AT TIME OF PURCHASE	AMOUNT CLAIMED

TOTAL AMOUNT OF CLAIM: \$ \_\_\_\_\_