

Form Version: NYC-COMPT-BLA-PD2-M

Water Damage or Loss Claim Form

Claim must be filed *in person or by registered or certified mail within 90 days of the occurrence* at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be *notarized*. If claim is not resolved within *1 year and 90 days of the occurrence*, you must start legal action to preserve your rights. TYPE OR PRINT

I am filing: On behalf of myself.

On behalf of someone else. If on someone else's behalf, please provide the following information.

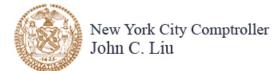
○ Attorney is filing.

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Last Name:		Attorney Informat	ion (If claimant is represented by attorney)
First Name:		Firm or Last Name:	
Relationship to		Firm or First Name:	
the claimant:		Address:	

Claimant Information

*Last Name:	
*First Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Country:	
Date of Birth:	Format: MM/DD/YYYY
Soc. Sec. #	
Date of Death:	Format: MM/DD/YYYY
Phone:	
Email Address:	
Occupation:	
City Employee?	∩Yes ∩No ∩NA
Gender	○ Male ○ Female ○ Other

Firm or Last Name:	
Firm or First Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Tax ID:	
Phone #:	
Email Address:	



The time and place where the claim arose

*Date of Incident:	Format: MM/DD/YYYY	Address:	
Time of Incident:	Format: HH:MM AM/PM	Address 2:	
		City:	
*Location of		State:	
llncident:		Borough:	
*Manner in which claim arose:			
Attach extra sheet(s) if more room is needed.			
The items of damage claimed are (include dollar amounts):			
Attach extra sheet(s) if more room is needed.			



New York City Comptroller John C. Liu

Witness 1 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Witness 2 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Witness 3 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Witness 4 Information

Witness 5 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Witness 6 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

THE REPORT OF A CONTRACT OF A	York City Comptro C. Liu		age Information	Office of the Ne	w York City Comptroller 1 Centre Street New York, NY 10007
Choose the cause of the damage:	 ○ Watermain Break ○ Street Flooding ○ Other 	 Sewer Overflow Erroneous Three- day Notice 	Indicate how the water entered the property. Check one or more.	Basement Trap	☐Toilet ☐Bathtub ∏Walls
	ncident to the Departm ection or another City A			Cellar Door	
Date Reported:		Format: MM/DD/YYYY			
Complaint Number:					
Choose which describes your property:	 APT. Building Private House Other (Describe 	 Retail Store Commercial Building 	How long was the water in the premises?		
	below)		If there was structural damage to the property please describe in detail.		
For the property, do you own O or rent O		If any damaged property was sold at salvage indicate the			
If there are is any History of Water Damage please give the date(s).			amount received and from whom.		
City Claim # (s), if any:					
-	time of the incident?	⊖Yes ⊖No			
What was the highest level of the water in the premises?					
How was the water removed?					



Have you filed a claim with any other parties? If so, please provide name and address.

Insurance Coverage (if any)

•	
Last Name:	Insurance Company
First Name:	Address
Address	Address 2:
Address 2:	City:
City:	State:
State:	Zip Code:
Zip Code:	Amount Paid:
	 Policy Limit:

*Total Amount		Format: Do not include "\$" or ",".
Claimed:	i officiale \$ of	

Date	
State of New York	
County of	
	, being duly sworn depose and say that I have read the foregoing preof: that same is true to the best of my own knowledge, except as to the matter here stated d as to those matters. I believe them to be true.
	Sworn before me this day
Signature of Claimant	Signature of notary