New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

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

Water Damage or Loss Claim Form

Electronically filed claims must be filed at the NYC Comptroller's Website. If your claim is not resolved within 1 year and 90 days from the date of occurrence you must start legal action to preserve your rights.

I am filing: ◯ On behalf of myself.

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

Last Name:	
First Name:	
Relationship to the claimant:	

Claimant Information

*Last Name:	
*First Name:	
*Address:	
Address 2:	
*City:	
*State:	NEW YORK
*Zip Code:	
*Country:	USA
Date of Birth:	*Format: MM/DD/YYYY*
Soc. Sec. #	
Date of Death:	*Format: MM/DD/YYYY*
Phone:	
*Email Address:	
*Retype Email Address:	
Occupation:	

City Employee? ◯ Yes ◯ No ◯ NA

Gender ◯ Male ◯ Female ◯ Other

**** Denotes required fields.***
A Claimant OR an Attorney Email Address is required.

◯ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

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

The time and place where the claim arose

*Date of Incident:	*Format: MM/DD/YYYY*
Time of Incident:	*Format: HH:MM AM/PM*
*Location of Incident:	
Address:	
Address 2:	
City:	
*State:	NEW YORK
Borough:	

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***Manner in which claim arose:**

**** Denotes required field.***

The items of damage claimed are (include dollar amounts):

Do you have any photos depicting damages? ◯ Yes ◯ No

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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

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

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:	

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Water Damage Information

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Choose the cause of the damage:

- ◯ Watermain Break
- ◯ Sewer Overflow
- ◯ Street Flooding
- ◯ Erroneous Three-day Notice
- ◯ Other

Did you report the incident to the Department of Environmental Protection or another City Agency? ◯ Yes ◯ No

Date Reported: *Format: MM/DD/YYYY*

Complaint Number:

Choose which describes your property:

- ◯ APT. Building
- ◯ Retail Store
- ◯ Private House
- ◯ Commercial Building
- ◯ Other (Describe below)

For the property, do you own ◯ or rent ◯

If there are is any History of Water Damage please give the date(s).

City Claim # (s), if any:

Was it raining at the time of the incident? ◯ Yes ◯ No

What was the highest level of the water in the premises? (feet/inches)

How was the water removed?

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

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Indicate how the water entered the property. Check one or more.

- ☐ Basement Trap
- ☐ Toilet
- ☐ Sink
- ☐ Bathtub
- ☐ Foundation
- ☐ Walls
- ☐ Cellar Door
- ☐ Sidewalk Gratings
- ☐ Other (Describe below)

How long was the water in the premises?

If there was structural damage to the property please describe in detail.

If any damaged property was sold at salvage indicate the amount received and from whom.

Insurance Coverage (if any)

Insurance Company

Address

Address 2:

City:

State:

Zip Code:

Amount Paid:

Policy Limit:

Total Amount Claimed:

*The **Total Amount Claimed** can only be entered once the following required fields are entered:*

Format: Do not include "$" or ",".

Claimant Last Name
Claimant First Name
Claimant Address, City, Zip Code, and Country
Claimant Email or Attorney Email
Date of Incident
Location of Incident, including state
Manner in which claim arose

I certify that all information contained in this notice is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties and civil liabilities.