

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

Form Version: NYC-COMPT-BLA-PD2-D3

Water Damage or Loss Claim Form

Electronically filed claims must be filed within 90 days of the occurrence using the Office of the NYC Comptroller's website. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period to preserve your rights.

I am filing: On behalf of myself.	Attorney is filing.	
On behalf of someone else. If on someone else's behalf, please provide the following information.	Attorney Information (I	f claimant is represented by attorney)
Last Name:	Firm or Last Name:	
First Name:	Firm or First Name:	
Relationship to	Address:	
the claimant:	Address 2:	
	City:	
Claimant Information	State:	
*Last Name:	Zip Code:	
	Tax ID:	
*First Name:	Phone #:	
*Address:	*Email Address:	
Address 2: *City:	*Retype Email Address:	
*State:	The time and place whe	ere the claim arose
*Zip Code:	• □ *Date of Incident:	Format: MM/DD/YYYY
*Country:		Format: HH:MM AM/PM
Date of Birth: Format: MM/DD/YYYY	Time of Incident: *Location of	Politiat. HH.ININI AINI/PINI
Soc. Sec. #	Incident:	
Date of Death: Format: MM/DD/YYYY		
Phone:	7	
*Email Address:		
*Retype Email Address:		
Occupation:		
City Employee? Yes No NA		
Gender		
	Address:	
	Address 2:	
	City:	
* Denotes required fields.	*State:	
A Claimant OR an Attorney Email Address is required.	Borough:	



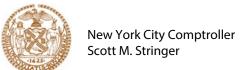
*Manner in which	
claim arose:	
* Denotes required i	field.

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

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Witness 1 Information	Witness 4 Information
Last Name:	Last Name:
First Name:	First Name:
Address	Address
Address 2:	Address 2:
City:	City:
State:	State:
Zip Code:	Zip Code:
Witness 2 Information	Witness 5 Information
Last Name:	Last Name:
First Name:	First Name:
Address	Address
Address 2:	Address 2:
City:	City:
State:	State:
Zip Code:	Zip Code:
Witness 3 Information	Witness 6 Information
Last Name:	Last Name:
First Name:	First Name:
Address	Address
Address 2:	Address 2:
City:	City:
State:	State:
Zip Code:	Zip Code:



Water Damage Information

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

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Choose the cause of the damage:			Indicate how the water entered the	Basement Trap	Toilet
		Cay Notice	property. Check	☐Sink [Bathtub
			one or more.	Foundation	☐ Walls
		nent of \(\text{Yes} \) No		Cellar Door	Sidewalk Gratings
Environmental Protection or another City Agency?			Other (Describe bel	low)	
Date Reported:	Format: M	M/DD/YYYY			
Complaint Number:					
Choose which describes your property:	Other (Describe below)	Commercial Building	How long was the water in the premises? If there was structura damage to the property please describe in detail.		
For the property, do	you own 🔘 or r	ent 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. Insurance Coverage		
City Claim # (s), if			Insurance Company		
any:			Address		
Was it raining at the	time of the incident?	○ Yes ○ No	Address 2:		
What was the			City:		
highest level of the water in the			State:		
premises?			Zip Code:		
(feet/inches) How was the water			Amount Paid:		
removed?			Policy Limit:		
Have you filed a cla provide name and a	im with any other pa address.	rties? If so, please	Total Amount Claimed:		
Last Name:				aimed can only be enter	
First Name:			once the following req	uired fields are entered:	include "\$" or ",".
Address			Claimant Last Name		
Address 2:			Claimant First Name	v, Zip Code, and Country	,
City:			Claimant Email or Att		
State:			Date of Incident	·	
Zip Code:			Location of Incident, in Manner in which clain		