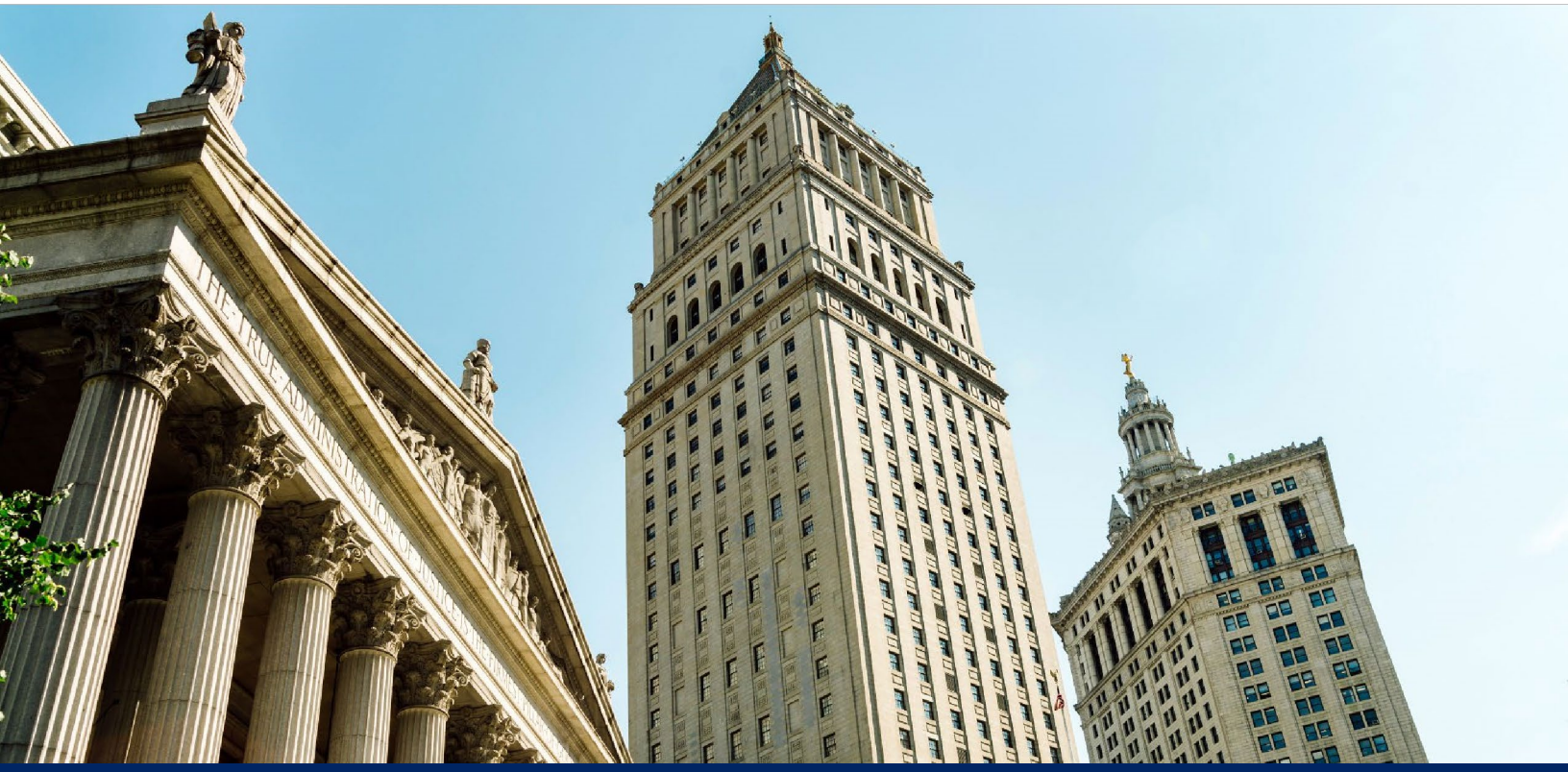
NEW YORK CITY COMPTROLLER
MARK LEVINE

Reklamasyon
Nan Biwo Kontwolè
Vil Nouyòk

JANVYE 2026



Ti liv enfòmasyon sa a, se yon sèvis piblik pou ede moun ki vle depoze yon reklamasyon (plent) kont vil Nouyòk. Li pa la pou sèvi kòm konsèy jiridik, pran plas avoka. Menm si yon moun pa bezwen gen avoka pou depoze yon reklamasyon (plent) kont Vil la, li ta pi bon si moun k ap depoze plent lan ta konsilte yon avoka.

Kontni

Kisa yon Reklamasyon ye?

Yon reklamasyon kont Vil Nouyòk (Vil la) se yon akizasyon yon moun depoze dèske swa moun nan osnon yon byen moun nan posede te sibi domaj akòz you zak Vil la te poze oswa te neglije fè. Pou lanse demach yo, moun nan dwe depoze yon avi reklamasyon.

Lalwa mande yon moun ki gen yon reklamasyon kont Vil la (plenyan a) pou l depoze yon avi reklamasyon nan Biwo Kontwolè a anvan l al pote plent nan tribinal. Yon avi reklamasyon fèt pou depoze nan yon peryod ki pa depase 90 jou apre ensidan an te rive. Lalwa pèmèt tou pou Biwo Kontwolè a mennen pwòp ankèt li pou evalye reklamasyon an, epi si yo ta jwenn Vil la ta kapab lakòz domaj, ofri yon antant pou regle ka a byen vit dekwa pou evite yon pwosè.

Vil la kapab reskonsab si se li ki lakòz yon neglijans, yon oubli oswa yon move zak swa oumenm oswa byen ou posede ta sibi yon donmaj. Men tou, Vil la pa reskonsab tout kalite chòk, blese oswa dega. Chak ka yo egzaminen apa, dapre sikonstans yo epi dapre lalwa. An jeneral, Vil la pa reskonsab chòk, blese oswa donmaj lòt moun lakòz, move eta yon bagay Vil la pa gen anyen pou wè ladan oswa pat okouran, ni tou dega katastwòf natirèl.

Pandan ke ou dwe depoze yon reklamasyon nan Biwo Kontwolè a nan yon delè ki pa depase 90 jou apre ensidan an, ou pa oblije rapouswiv regleman plent ou an atravè demach reklamasyon nan Biwo Kontwolè a. 30 jou apre ou fin depoze avi reklamasyon an, epi si ou te respekte nenpòt demann Biwo Kontwolè pou yon 50 è yon chita tande (entèvyou plenyan an sou sèman), ou kapab rele yo devan lajistis. Yon plent dwe depose nan tribinal nan yon delè ki pa depase yon lane plis 90 jou apati dat ensidan an.

Sonje, pwosesis reklamasyon an pa bay aksè a resous ki disponib pou katastwòf. Resous yo ka disponib nan lòt Vil, Eta, oswa ajans federal oswa òganizasyon imanitè yo. Yon kote ou kapab jwenn kalite enfòmasyon konsa se sou paj entènèt Biwo Jesyon Ijans ak Redresman Vil Nouyòk la (Vil Nouyòk Biwo Jesyon Ijans Resous pou Sekou ak Rekiperasyon) (https://www1.nyc.gov/site/em/resources/tips-links.page).

Depoze yon Reklamasyon

YON AVI REKLAMASYON DWE DEPOZE NAN YON DELÈ KI PA DEPASE 90 JOU APRE ENSIDAN AN. Nou ka depoze avi reklamasyon yo swa anliy (pa entènèt) sou website Kontwolè a, swa an pèsonn, oubyen pa lapòs nan yon lèt rekòmande oubyen sètifye. Nou **pa dwe janm** voye yon reklamasyon pa emèl.

Gen divès kalite fòmilè ki disponib sou sit wèb nou:

- (https://comptroller.nyc.gov/services/for-the-public/claims/e-filing/) n ap jwenn nan do ti liv sa. Tanpri itilize fomilè ki make: ***Fòmilè* reklamasyon *pou domajman nan kò)*** si reklamasyon w la gen pou wè ak donmaj nan kò w.
- ***Fòmilè Reklamasyon sou Pwoblèm nan Travay pou Vil la*** si reklamasyon an gen arevwa ak kondisyon travay kòm anplwaye Vil Nouyòk.
- ***Fòmilè reklamasyon pou dega dlo*** si reklamasyon w la gen arevwa ak twou egou ki debòde oswa tiyo dlo ki pete.
- ***Fòmilè Reklamasyon pou Donmaj Otomobil*** si se machin ou ki andomaje.
- ***Fòmilè Reklamasyon pou Dega Materyèl oswa Pèt*** pou tout lòt kalite dega.

Pou kesyon konsènan kijan pou depoze yon reklamasyon, tanpri konsilte sit entènèt nou an kote w ap jwenn repons kesyon ki poze pi souvan nan adrès sila: https://comptroller.nyc.gov/services/for-the-public/claims/general-faqs/ oubyen rele Sant Aksyon Kominotè nan **(212) 669-3916**. Ou ka kominike tou ak Sant Aksyon Kominotè nan adrès emèl **action@comptroller.nyc.gov** oubyen nan sit wèb https://comptroller.nyc.gov/about/contactour-office/.

Aprè w fin depoze avi reklamasyon an, y ap voye yon nimewo reklamasyon ba wou. Ou dwe toujou bay/make nimewo reklamasyon sa a nan tout kominikasyon avèk Biwo Kontwolè a.

Ou ka depoze yon reklamasyon pou kont ou oswa pa entèmedyè yon avoka. Biwo Kontwolè a abitye regle reklamasyon kit moun nan gen reprezantan kit li pa genyen.

Mennen Ankèt sou yon Reklamasyon

Aprè yon reklamasyon fin depoze, Biwo Kontwolè a mennen ankèt pou chèche konnen si Vil la te pòte neglijans oswa te poze yon move zak ki lakòz donmaj, epitou pou estime valè donmaj la yon fason jis e rezonnab jan lalwa mande l. Ankèt la mande pou rasanble enfòmasyon nan men moun ki depoze plent la, nan men ajans vil la ki konsène a, ak lòt sous ki gen rapò a dosye a. Kòm yon demandè (moun ki depoze plent la), yo ka mande w enfòmasyon pou kore reklamasyon an tankou foto, bòdwo, resi, pwofòma, devi, enfòmasyon sou asirans, ak/oswa dosye medikal. Ou ka gen pou konparèt pou yon entewogasyon ki ka dire 50 è (yon entèvyou kote w fè sèman) pou sètifye reklamasyon an chita sou laverite. Yo ka kontakte w pou antann avè w sou yon vizit enspeksyon byen/pwopriyete ki donmaje a.

Chak ankèt konsidere eleman ak sikonstans yon reklamasyon. Ankèt la ka pran tan. Kòm ankèt yo mande pou rasanble enfòmasyon bò kote lòt sous deyò, tan pou mennen ankèt e pou pote solisyon nan dosye a varye.

Kontwolè a ka regle yon reklamasyon sèlman nan yon peryòd ki pa depase yon lane (1 an) plis 90 jou apre dat ensidan an. Pafwa ankèt la konn pa gen tan fini nan delè sa a, e Biwo Kontwolè a pap ofri okenn antant. Pou rapouswiv reklamasyon w lan, ou dwe depoze yon plent nan tribinal nan yon delè ki pa depase 1 lane plis 90 jou ki kòmanse apati dat ensidan an.

Òf, Règleman, ak Rejè yon Reklamasyon

Si rezilta yo montre Vil la pa reskonsab donmaj la, Biwo Kontwolè a ap refize reklamasyon an. Pleyan yo kapab rele vil la nan tribinal si yo vle pouse demach yo pi lwen. Plent yo dwe depoze nan tribinal nan yon peryod ki pa depase 1 lane plis 90 jou kòmanse apati dat ensidan an.

Si rezilta yo bay Vil la reskonsab donmaj la, Biwo Kontwolè a ka fè yon òf pou rezoud ka a atravè yon lèt ak yon resi, oubyen li ka rele w nan telefòn pou ofri w yon antant, epi apre, voye yon lèt ki bay detay sou antant vèbal la asanm ak yon dokiman renonsyasyon. Yon renonsyasyon se yon dokiman legal kote w ou dakò pou kanpe reklamasyon pou donmaj kont Vil la an echanj montan pèman ou dakò resevwa pou fèmen dosye a.

Ou ka montre ou aksepte òf la lè w siyen epi retounen fòmilè renonsyasyon an nan yon delè ki pa depase 30 jou. Si ou retounen fomilè renonsyasyon an, w ap resevwa peman pa lapòs.

Pou diskite swa sou reklamasyon an, swa òf antant la oubyen pou mande plis tan pou reflechi sou òf antant la, ou ka rele Biwo Kontwolè a. W ap jwenn nimewo pou kontakte moun k ap trete dosye w la nan lèt ki gen òf la.

SE PA TOUT REKLAMASYON YO K AP JWENN REZILTA NAN BIWO KONTWOLÈ A. Si ou pa vle kontinye rapousuiv reklamasyon w la nan Biwo Kontwolè a, si Biwo Kontwolè a pa kapab rive nan yon antant oubyen refize reklamasyon w la, oubyen ankò si ou pa ka jwenn yon antant ak Biwo Kontwolè a, ou ka rapouswiv reklamasyon w la pa mwayen depo yon plent nan tribinal. Lalwa bay delè estrik pou rele Vil la lajistis. Ou dwe tann 30 jou apre you fin depoze avi reklamasyon an epi respekte tout demann Biwo Kontwolè a ta fè pou yon 50 è chita tande (entèvyou sou sèman) anvan ou w al depoze plent lajistis. Ou dwe depoze yon plent nan tribinal nan yon peryòd ki pa depase 1 lane plis 90 jou ki kòmanse apati dat ensidan an.

SI REKLAMASYON W LA PA REGLE, MEN OU TOUJOU VLE RAPOUSUIV PLENT OU AN KONT VIL LA, OU DWE DEPOZE YON PLENT LAJISTIS NAN YON PERYÒD KI PA DEPASE YON LANE PLIS 90 JOU APATI DAT ENSIDAN AN. BIWO KONTWOLÈ A PA KA REGLE OKENN REKLAMASYON APRE 1 LANE PLIS 90 JOU GEN TAN PASE OSWA APRE YON PLENT DEPOZE DEVAN LAJISTIS.

Òf antant yo oswa antant pou yon reklamasyon pa vle di admèt yon reskonsablite.

Konsèy pou Depoze Reklamasyon ak Fomilè Reklamasyon

➢ Depoze Fòmilè Reklamasyon sou Papye

Nan ti liv sa a, n ap jwenn kopi fòmilè pou Donmaj nan Kò, Pwoblèm nan Travay pou Vil la, Dega Dlo, Donmaj otomobil, Dega materyèl ou swa Pèt. Reklamasyon sou papye fèt pou **NOTARYE.**

Reklamasyon sou papye dwe depoze:

an pèsonn nan adrès 1 Centre Street, Room 1225, New York, New York 10007, oubyen

pa **LÈT REKÒMANDE OU SÈTIFYE** ki adrese bay Biwo Kontwolè nan Vil Nouyòk (Office of the New York City Comptroller), 1 Centre Street, Room 1225, New York, NY 10007.

Si reklamasyon sou papye a pa notarye epi/oubyen pa adrese kòrèkteman, gen pifò chans pou yo refize reklamasyon an.

Atansyon, Biwo Kontwolè a **PA KAPAB** notarye fòmilè reklamasyon w la, ni non plis fè kopi fòmilè w la ansanm ak pyès ki akonpaye l yo ou ta bezwen pou kenbe nan pwòp dosye w.

➢ Depoze Reklamasyon Pa Entènèt

Ou kapab soumèt reklamasyon w la tou pa entène atravè sistèm reklamasyon Biwo Kontwolè a. **NOU REKÒMANDE ITILIZASYON SISTÈM POU DEPOZE REKLAMASYON PA ENTÈNÈT** la ki pèmèt dosye yo trete pi rapid, epi anplis sa pa mande pou reklamasyon an notarye.

Depoze reklamasyon pa entènèt disponib sou sit sa a: https://comptroller.nyc.gov/services/forthe-public/claims/e-filing/.

➢ Pyès Dosye Reklamasyon

Si w gen foto, rapò lapolis, bòdwo, resi, estimasyon, evalyasyon, dosye medikal, papye asirans, oubyen nenpòt lòt pyès pou kore reklamasyon w la, nou ankouraje w mete yo tout nan dosye reklamasyon an lè w ap depoze l. Ou pakab soumèt sou papye kopi nenpòt pyès lè w ap voye reklamasyon an pèsonn oubyen lè w voye l rekòmande/sètifye pa lapòs. Ou kapab telechaje tou tout pyès kap kore reklamasyon w la lè w itilize sistèm pou depoze reklamasyon pa entènèt. Si w gen pyès anplis ou ta renmen soumèt apre ou fin depoze reklamasyon w , tanpri kontakte moun ki anchaje dosye w la.

➢ Lang Avi Reklamasyon

AVI REKLAMASYON YO DWE FÈT AN ANGLE. Dapre Lwa ak Règleman Pratik Sivil Nouyòk §2101(b) (New York Civil Practice Law and Rules §2101 (b)), tout papye ki gen pou wè ak yon kòz nan tribinal dwe fèt nan lang angle.

New York City Comptroller
Mark Levine

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

Form Version: NYC-COMPT-BLA-PI1-M3

Personal Injury Claim Form

A claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office, located at 1 Centre Street, Room 1225, New York, NY 10007. The claim form must be notarized. 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.

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.

Last Name:	
First Name:	
Relationship to the claimant:	

Claimant Information

*Last Name:	
*First Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Country:	
Date of Birth:	*Format: MM/DD/YYYY*
Soc. Sec. #	
HICN: (Medicare #)	
Date of Death:	*Format: MM/DD/YYYY*
Phone:	
Email Address:	
Occupation:	

City Employee? ◯ Yes ◯ No ◯ NA

Gender ◯ Male ◯ Female ◯ Other

◯ 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:	

The time and place where the claim arose

*Date of Incident:		*Format: MM/DD/YYYY*
Time of Incident:		*Format: HH:MM AM/PM*
Dismissal Date:		*(Police related claims only)*

*Location of Incident:		Address:
		Address 2:
		City:
		State:
		Borough:

***Manner in which claim arose:**

Attach extra sheet(s) if more room is needed.

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

Attach extra sheet(s) if more room is needed.

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

Medical Information

1st Treatment Date:		*Format: MM/DD/YYYY*
Hospital/Name:		
Address:		
Address 2:		
City:		
State:		
Zip Code:		
Date Treated in Emergency Room:		*Format: MM/DD/YYYY*

Was claimant taken to hospital by an ambulance? ◯ Yes ◯ No ◯ NA

Employment Information (If claiming lost wages)

Employer's Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	
Work Days Lost:	
Amount Earned Weekly:	

Treating Physician Information

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

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

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:	

**** Denotes required field(s).***

New York City Comptroller
Mark Levine

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

Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

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

Non-City vehicle driver

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

Insurance Information

Insurance Company Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	
Policy #:	
Phone #:	

Non-City vehicle information

Make, Model, Year of Vehicle:	
Plate #:	
VIN #:	

City vehicle information

Plate #:	
City Driver Last Name:	
City Driver First Name:	

Description of claimant:

◯ Driver ◯ Passenger
◯ Pedestrian ◯ Bicyclist
◯ Motorcyclist ◯ Other

***Total Amount Claimed:** _____ *Format: Do not include "$" or ",".*

Date _____ Signature of Claimant _____

State of New York
County of

I, _____, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters. I believe them to be true.

Sworn before me this day _____

Signature of Claimant _____ Signature of notary _____

**** Denotes required field(s).***

New York City Comptroller
Mark Levine

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007
FormVersion: NYC-COMPT-BLA-HC-LE4

City Employment Claim Form

For most claims, a claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office, located at 1 Centre Street, Room 1225, New York, NY 10007. The claim form must be notarized. 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.

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:

Last Name:
First Name:
Relationship to the claimant:

Claimant Information

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

Occupation:
Current City Employee? ☐ Yes ☐ No ☐ NA
Current Agency:

Gender: ☐ Male ☐ Female ☐ Other

☐ Attorney is filing.

Attorney Information (if represented by attorney)

+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

*Incident Date from: *Format: MM/DD/YYYY*
*Incident Date to: *Format: MM/DD/YYYY*
*Incident Location:
Address:
Address 2:
City:
State:
Borough:

** Denotes required fields.*
\+ Denotes field that is required if Attorney is filing.

New York City Comptroller
Mark Levine

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007
FormVersion: NYC-COMPT-BLA-HC-LE4

***Nature of Claim/Description of Claim**

Attach extra sheets if more room is needed.

What agency/employer are you making this claim against?

*Agency:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	

Work days lost:	
Amount Earned Weekly:	
Amount Earned Yearly:	

Were you employed by a City Contractor at the time of claimed occurrence? ☐ Yes ☐ No

++Contractor Name:

**Denotes required field*
++Denotes field that is required if you were employed by a City Contractor.

New York City Comptroller
Mark Levine

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007
FormVersion: NYC-COMPT-BLA-HC-LE4

Salary/Benefit Claimed Damages

	Date From:	Date To:	Amount:
Overtime:			
Compensatory time:			
Differential:			
Annual Leave/Vacation:			
Sick Leave:			
Salary:			
		Total:	

Additional Claimed Damages

		Amount:
Specify:		
Specify:		
Specify:		
Specify:		
Specify:		
	Total:	

***Total Claimed Amount:**

Date _____ Signature of Claimant _____

State of New York, County of _____

I, _____ being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters. I believe them to be true.

Sworn before me this day _____

Signature of Claimant _____ Signature of notary _____

**Denotes field that is required.*

New York City Comptroller
Mark Levine

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

Form Version: NYC-COMPT-BLA-PD2-M2

Water Damage or Loss Claim Form

A claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office, located at 1 Centre Street, Room 1225, New York, NY 10007. The claim form must be notarized. 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.

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.

Last Name:	
First Name:	
Relationship to the claimant:	

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

◯ 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:	

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 Incident:			State:	
			Borough:	

***Manner in which claim arose:**

Attach extra sheet(s) if more room is needed.

**** Denotes required field(s).***

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

Do you have any photos depicting damage? ◯ Yes ◯ No
If "Yes" then please add as an attachment to this claim.

(Continued - Attach extra sheet(s) if more room is needed.)

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

Do you have any photos depicting damage? ◯ Yes ◯ No
If "Yes" then please add as an attachment to this claim.

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

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:	

**** Denotes required field(s).***

New York City Comptroller
Mark Levine

Water Damage Information

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

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?

How was the water removed?

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.

**** Denotes required field(s).***

Water Damage Information

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

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:	

Insurance Coverage (if any)

Insurance Company	
Address	
Address 2:	
City:	
State:	
Zip Code:	
Amount Paid:	
Policy Limit:	

***Total Amount Claimed:** *Format: Do not include "$" or ",".*

Date _____ Signature of Claimant _____

State of New York
County of

I, _____, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters. I believe them to be true.

Sworn before me this day_____

Signature of Claimant_____ Signature of notary_____

**** Denotes required field(s).***

New York City Comptroller
Mark Levine

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

Form Version: NYC-COMPT-BLA-PD3-M2

Vehicular Property Damage Claim Form

A claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office, located at 1 Centre Street, Room 1225, New York, NY 10007. The claim form must be notarized. 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.

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.

Last Name:	
First Name:	
Relationship to the claimant:	

Claimant Information

*Last Name:	
*First Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Country:	
Date of Birth:	*Format: MM/DD/YYYY*
Soc. Sec. #	
HICN: (Medicare #)	
Date of Death:	*Format: MM/DD/YYYY*
Phone:	
Email Address:	
Occupation:	

City Employee? ◯ Yes ◯ No ◯ NA

Gender ◯ Male ◯ Female ◯ Other

◯ 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:	

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

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:	
			State:	
*Location of Incident:			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.

**** Denotes required field(s).***

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

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:	

Police Information

Police Officer Last Name:	
Police Officer First Name:	
Shield Number:	
Precinct:	
Report Number:	

Do you have a copy of the Police Report? ◯Yes ◯No

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:	

AUTHORIZATION TO INSPECT AND APPRAISE YOUR VEHICLE'S DAMAGE

You must complete the following. By completing the following you are allowing us to inspect and appraise your vehicle.

Make, Model, Year of Vehicle:	
Plate #:	
VIN Number:	
Mileage	
Location where the vehicle can be seen:	
Phone:	

**** Denotes required field(s).***

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

Vehicle information

Owner Last Name	
Owner First Name	
Make, Model, Year of Vehicle:	
Mileage	
Color	
Plate #:	

Driver information if different than claimant

Last Name:	
First Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Country:	
Phone:	
Email Address:	
Occupation:	

City Employee? ◯ Yes ◯ No ◯ NA

Gender ◯ Male ◯ Female ◯ Other

NYC vehicle information

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

Vehicle Type:	
Plate #:	

Towed Away? ◯ Yes ◯ No

Insurance Information

Do you have collision insurance? ◯ Yes ◯ No

Did you report your accident to your insurance company? ◯ Yes ◯ No

Were you paid by your insurance company? ◯ Yes ◯ No

Is payment pending? ◯ Yes ◯ No

Deductible Amount:	
Insurance Company Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Policy #:	
Phone #:	
Agent Name:	

Tow Claims

Tow Date:		*Format: MM/DD/YYYY*
Tow Time:		*Format: HH:MM AM/PM*
Location vehicle was picked up at		
Receipt Number:		
Voucher Number:		

Was vehicle released or towed? ◯ Released ◯ Towed ◯ NA

Redemption Date:		*Format: MM/DD/YYYY*
Time of tow:		*Format: HH:MM AM/PM*
Location of tow:		
From:		
To:		

Towed by Sheriff or Marshall? ◯ Sheriff ◯ Marshall ◯ NA

District Attorney Release Number:	

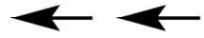
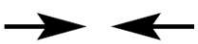
**** Denotes required field(s).***

Conditions and description of accident/incident location

Choose the actions of the vehicle before the accident:

	Yours	NYC
Going straight ahead	☐	☐
Making a right turn	☐	☐
Making a left turn	☐	☐
Making a U-turn	☐	☐
Starting from a parked position	☐	☐
Starting in traffic	☐	☐
Slowing or stopping	☐	☐
Stopped in traffic	☐	☐
Entered a parked position	☐	☐
Parked	☐	☐
Avoiding object in roadway	☐	☐
Overtaking	☐	☐
Merging	☐	☐
Backing	☐	☐
Changing lanes	☐	☐
Other	☐	☐

Accident Diagram: Choose one of these diagrams if it describes the accident.

Left Turn  ○ 1	Rear End  ○ 2	Overtaking  ○ 3
Left Turn  ○ 4	Right Angle  ○ 5	Right Turn  ○ 6
Right Turn  ○ 7	Head On  ○ 8	Sideswipe  ○ 9

○ None of these diagrams describes the accident.

Roadway surface conditions - Check all that apply

☐ Dry ☐ Snow or ice
☐ Wet ☐ Slush
☐ Construction (man-made cut) ☐ Muddy
☐ Potholes (wear & tear condition) ☐ Other

Traffic Control

☐ None ☐ Red - Green
☐ Red - Green - Yellow ☐ Stop Sign
☐ Flashing ☐ Not Working
☐ Person directing traffic

Weather Conditions

☐ Clear ☐ Rain ☐ Fog/Smoke/Smog
☐ Sleet/Hail/Freezing/Rain/Snow ☐ Other

Describe damage to your vehicle. Include:

What caused the accident?

Was the location under repair?

Were the repairs recently completed?

Does the defect appear to be man-made?

Name of Construction Company?

Was the defect next to a manhole? If yes, please specify which utility by name.

What are the measurements of the defect? (length, width, depth)

***Total Amount Claimed:**

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

Date

Signature of Claimant

State of New York
County of

I, _____, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters. I believe them to be true.

Sworn before me this day_____

Signature of Claimant_____

Signature of notary_____

**** Denotes required field(s).***

New York City Comptroller
Mark Levine

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

Form Version: NYC-COMPT-BLA-PD1-M2

Property Damage or Loss Claim Form

A claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office, located at 1 Centre Street, Room 1225, New York, NY 10007. The claim form must be notarized. 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.

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.

Last Name:	
First Name:	
Relationship to the claimant:	

Claimant Information

*Last Name:	
*First Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Country:	
Date of Birth:	*Format: MM/DD/YYYY*
Soc. Sec. #	
HICN: (Medicare #)	
Date of Death:	*Format: MM/DD/YYYY*
Phone:	
Email Address:	
Occupation:	

City Employee? ◯ Yes ◯ No ◯ NA

Gender ◯ Male ◯ Female ◯ Other

◯ 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:	

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

The time and place where the claim arose

*Date of Incident:		*Format: MM/DD/YYYY*
Time of Incident:		*Format: HH:MM AM/PM*

Property Clerk Voucher Number:	
District Attorney Release Number:	

*Location of Incident:	

Address:	
Address 2:	
City:	
State:	
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.

**** Denotes required field(s).***

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

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:	

Police Information

Police Officer Last Name:	
Police Officer First Name:	
Shield Number:	
Precinct:	
Report Number:	

Please indicate which of the following reports you have

- ☐ Accident Report
- ☐ Aided Report
- ☐ Complaint Report

New York City Comptroller
Mark Levine

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

Insurance Information

Do you have insurance?	◯ Yes	◯ No
Did you report your accident to your insurance company?	◯ Yes	◯ No
Were you paid by your insurance company?	◯ Yes	◯ No
Is payment pending?	◯ Yes	◯ No

Deductible Amount:	
Insurance Company Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Policy #:	
Phone #:	
Agent Name:	

City vehicle information

Plate #:	
City Driver Last Name:	
City Driver First Name:	
***Total Amount Claimed:**	

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

Date _____ Signature of Claimant _____

State of New York
County of

I, _____, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters. I believe them to be true.

Sworn before me this day_____

Signature of Claimant_____ Signature of notary_____

**** Denotes required field(s).***