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:	

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

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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 IIncident:		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.

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1 Centre Street
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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:	

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

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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?

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).***

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Water Damage Information

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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).***