DC WATER PROPERTY DAMAGE CLAIM FORM

Fully complete this form and send it to the District of Columbia Water and Sewer Authority, Office of Risk Management, 5000 Overlook Avenue SW, Washington, DC 20032. All claims are independently investigated. Submitting this form initiates a review of your claim. Submitting this form does not establish liability, and DC Water does not waive any defenses.

_____

Name Daytime Phone Number

_____

Address Evening Phone Number

_____

House or Apt. No. Street

_____

City State Zip

CAUSE OF DAMAGE □ Sewer Back Up □ Water Damage □ Other _____

Date of Loss: _____ Time: _____ AM/PM Date Reported to DC Water:_____

Homeowner's insurance carrier name, address & policy #: _____

Incident Description: _____

_____

_____

_____

_____

_____

_____

Please itemize all personal belongings below included in your claim. Note that any valid claim will be paid on an actual cash value basis, which means replacement cost less depreciation. Should your property require repair, submit a minimum of two estimates for the repair work, along with this claim form. Also note that it is the responsibility of the person filing the claim to obtain estimates and contracts for repair work. If repairs have been completed, please submit the contract and paid invoice for services provided. DC Water is not responsible for the quality of the work performed by the contractors you select. Filing of this form does not guarantee acceptance or payment for damages.

DAMAGED ITEM(S) (Include a full description, including extent of damages)	DATE OF PURCHASE	LOCATION OF PURCHASE	COST AT TIME OF PURCHASE
*Attach additional pages as needed			

I hereby certify that the information stated is true to the best of my knowledge

_____ _____

Signature of Claimant Date

Warning: It is a crime to provide false or misleading information to DC Water. Any claim against the Authority, knowing such claim to be false, fictitious or fraudulent is subject to fine or imprisonment

water is life