



SEND CLAIM TO:  
DEPT. OF WATER & POWER  
221 N. FIGUEROA STREET, STE. 1640  
ATTN: CLAIMS SECTION  
LOS ANGELES, CA 90012-2660

# CLAIM TO DEPT. OF WATER & POWER

1	NAME		BIRTHDATE			
	ADDRESS		CITY, STATE & ZIP	HOME PHONE NO. ( )		
	MAILING ADDRESS (For correspondence regarding this claim)		CITY, STATE & ZIP	WORK PHONE NO. ( )		
2	WHERE DID THE INCIDENT HAPPEN?			DATE OF INCIDENT		
				TIME OF INCIDENT		
3	DESCRIBE THE INCIDENT (Use back of form and additional sheets, if necessary)					
4	DESCRIBE THE DAMAGE/INJURY/LOSS					
5	AMOUNT OF CLAIM \$		<b>NOTE:</b> <b>ENCLOSE SUPPORTING DOCUMENTS; Bills, Estimates, Invoices, Photos, etc</b>			
6	POLICE REPORT TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		POLICE DEPARTMENT (If Applicable)	REPORT NUMBER		
7	WITNESSES TO THE INCIDENT (Use back of form if necessary)					
	NAME					
	ADDRESS		CITY, STATE & ZIP	HOME PHONE NO. ( )		
8	NAMES OF DWP EMPLOYEES INVOLVED (If known)					
9	DWP VEHICLE OR EQUIPMENT (If Applicable)		MAKE	COLOR	VEHICLE NUMBER	LICENSE NUMBER
	YOUR VEHICLE (If Applicable)		YEAR	MAKE	COLOR	MODEL
10	SIGNATURE				DATE	

**NOTICE: YOU HAVE 6 MONTHS TO FILE A CLAIM FOR DEATH, PERSONAL INJURY, OR DAMAGE TO PERSONAL PROPERTY, AND 1 YEAR TO FILE A CLAIM FOR DAMAGE TO REAL PROPERTY OR FOR ANY OTHER TYPE OF INCIDENT.**