



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 _____	
	MAILING ADDRESS (For correspondence regarding this claim) _____		HOME 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 \$ _____		NOTE: ENCLOSE SUPPORTING DOCUMENTS; Bills, Estimates, Invoices, Photos, etc	
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 _____	
8	NAMES OF DWP EMPLOYEES INVOLVED (If known) _____			
	DWP VEHICLE OR EQUIPMENT (If Applicable) _____		MAKE _____	
			COLOR _____	
9	YOUR VEHICLE (If Applicable) _____		YEAR _____	
			MAKE _____	
10			VEHICLE NUMBER _____	
			LICENSE NUMBER _____	
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.