



send claim to:

Los Angeles Department of Water & Power
 PO Box 51111, Room 342
 Los Angeles, Ca 90051-0100

THIS IS NOT AN ADMISSION OF LIABILITY OR A GUARANTEE OF PAYMENT BY LADWP

1	NAME:		BIRTHDATE:			
	ADDRESS:		CITY, STATE & ZIP	HOME PHONE NO.		
	MAILING ADDRESS FOR 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	NOTE: ENCLOSURE SUPPORTING DOCUMENTS: Bills, Estimates, Invoices, Photos, etc.				
	\$					
6	POLICE REPORT TAKEN?	POLICE DEPARTMENT	REPORT NUMBER			
	YES() NO ()					
7	WITNESS TO THE INCIDENT (USE BACK OF FORM IF NECESSARY)					
	NAME			HOME PHONE NO.		
	ADDRESS		CITY, STATE & ZIP			
8	NAMES OF LADWP EMPLOYEES INVOLVED (IF KNOWN)					
	DWP VEHICLE	MAKE	COLOR	VEHICLE NUMBER	LICENSE NUMBER	
9	YOUR VEHICLE	YEAR	MAKE	COLOR	VEHICLE NUMBER	LICENSE NUMBER
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.

CLAIMS INFORMATION

- 1 If applicable contact your insurance company; they are your direct insurer
- 2 Be specific about the incident; time, date, location.
- 3 You must be able to substantiate your loss. Be practical and reasonable
- 4 To document your claim send copies of: bills, cancelled checks, receipts, invoices, etc.
 This is your own interest.