

WILKINSBURG-PENN JOINT WATER AUTHORITY

2200 Robinson Boulevard, Pittsburgh, PA 15221

Phone: (412) 243-6200 Fax (412) 243-6210

PROPERTY DAMAGE CLAIM FORM

PLEASE RETURN THIS REPORT WITHIN THREE (3) DAYS OF RECEIPT

Name:							
Address:		City:		State:		Zip code:	
Phone: Home		Business		Cell			
Date of Incident:		Approximate time:		AM		PM	
Please give a full description of the nature of the damages and where they occurred.							
How would you describe damage?		Slight		Moderate		Severe	
Have you had any prior incidents at this property?			If so, when?				
Is this property insured?		If so, with what Insurance Carrier?					
Date report prepared:							
Please print your name:							
Signature:							

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning and fact, material thereto; commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

Once you have printed and completed this form you can fax it to 412-243-6210, mail or deliver to the address on this form.