



# 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 FORM WITHIN SEVEN (7) DAYS OF RECEIPT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Home \_\_\_\_\_ Bus \_\_\_\_\_ Cell \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Approximate time: \_\_\_\_\_ AM / PM

Please give a full description of the nature of the damages and where they occurred.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you describe the damage as: \_\_\_\_\_ 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 completed this form you may fax it to (412) 243-6210, or mail to the address on this form.