

CITY OF OREGON CITY
Sewer and Water Incident Report

Please read the entire Damage Incident Report before completing. This form should be filed with the City of Oregon City as soon as possible after the date of the incident. Cooperation in completing this form will expedite claim processing. Return completed form to:

City of Oregon City – Risk Management
P.O. Box 3040 | 625 Center Street
Oregon City, OR 97045 - 0304
Fax: 503-496-1576

If you have any questions, please contact the Risk Manager at risk@orcitizen.org or call 503-657-0891.

Claimant _____

Home Address _____

Work Address _____

Home Phone _____ Work Phone _____

E-mail _____

WHEN did damage occur? Give full particulars, date and time of day: _____

WHERE did the damage occur? Describe fully and indicate on attached sheet. _____

INDICATE weather conditions. When rain commenced and ended, if applicable. _____

HOW did damage occur? Give full explanation. _____

NAMES of City employees alleged to have caused the damage or loss, if known. _____

WHAT DAMAGE OR INJURIES do you claim resulted? Complete attached Damage List. _____

Did City crews investigate this claim? _____ Yes _____ No _____ if yes, give the names of the City Employees, if known. _____

Substance of conversation with City crews, if any. _____

Depth of water. _____ Type of water (*clear, muddy, etc.*) _____

Was there sewer odor in your residence? _____

Do your basement drains contain backflow valves? _____

Does your residence or basement contain footing drains? _____

Have you had prior back-ups or sewer water problems? _____ Yes _____ No. If yes, state when and Describe. _____

Did water seep through the foundation walls? _____ Yes _____ No if yes, describe extent _____

Did you call the City with reference to this claim? _____ Yes _____ No If yes, when? _____

When was the last time that your private sewer laterals were rodded or cleaned? _____

By whom? _____

Total Amount Claimed _____

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Insurance payments, if any, and name of insurance company:

If signer of this claim is not the claimant, explain the relationship:

Please include additional information that may be helpful in resolving this claim, such as repair estimates and photographs. Thank you.

I declare that the foregoing is true and correct.

Signature _____ **Date** _____

DAMAGE LIST