

**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@orccity.org](mailto:risk@orccity.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** \_\_\_\_\_

**CITY OF OREGON CITY**  
**Sewer and Water Incident Report**

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**

ITEM	Date of Loss	Date of Purchase	Original Cost	Discarded or Retained	Make or Model	Value at Time of Loss