

# DAMAGE CLAIM FORM

The Dayton Power and Light Company Attn: Claims Administration  
P.O. Box 341088, Dayton, OH 45434  
Fax (937) 259-7178

Please print and complete form. Mail or fax form.

## CLAIMANT CONTACT INFORMATION

FULL NAME (LAST, FIRST, INITIAL)				DATE
MAILING ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL	E-MAIL ADDRESS	

## INCIDENT DATA

DATE	TIME	DP&L ACCOUNT#
STREET OR ROAD OF INCIDENT		CITY
DESCRIBE WHAT HAPPENED		

## SUPPORTING DOCUMENTS FOR DAMAGED ITEMS

For property damage losses submit sales receipts, estimates and invoices. For business related losses we may require additional documentation on a case-by-case basis.

ITEM	MODEL #	AGE	VALUE	AMOUNT CLAIMED

## MISCELLANEOUS ITEMS I.E. PERSONAL INJURY, MEDICAL EXPENSE


## WITNESS

NAME	ADDRESS	HOME PHONE	CELL PHONE
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## CLAIMANT

By signing this form you understand that DP&L reviews each claim on a case-by-case basis, our review is not an admission of liability or an indication that DP&L is responsible for your damages and you are certifying that the information on this form is true and correct.

SIGNATURE	DATE
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