



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-PD1-M

Property Damage or Loss Claim Form

Claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be notarized. If claim is not resolved within 1 year and 90 days of the occurrence, you must start legal action to preserve your rights.

TYPE OR PRINT

I am filing:

☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to
the claimant:

Claimant Information

*Last Name:

*First Name:

Address:

Address 2:

City:

State:

Zip Code:

Country:

Date of Birth:

Format: MM/DD/YYYY

Soc. Sec. #

HCH#

(Medicare #)

Date of Death:

Format: MM/DD/YYYY

Phone:

Email Address:

Occupation:

City Employee?

☐ Yes ☐ No ☐ NA

Gender

☐ Male ☐ Female ☐ Other

☐ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Tax ID:

Phone #:

Email Address: