

DAMAGE CLAIM FORM

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

Click field to type information or print and complete. 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

MISCELLEANOUS ITEMS I.E. PERSONAL INJURY, LOST WAGES, MEDICAL EXPENSE

WITNESS

NAME	ADDRESS	HOME PHONE	CELL PHONE
------	---------	------------	------------

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
-----------	------