

**DAMAGE CLAIM FORM**  
**The Dayton Power & Light** ATTN. Claims Administration Dept.  
 1065 Woodman Dr, Dayton, OH 45432  
 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 |
|-----------|------|