



## SAN ANTONIO WATER SYSTEM

Dear Customer:

In the event you feel you have incurred an injury and/or property damages due to work performed/or failed to have performed by the San Antonio Water System, you will need to file your written notice of claim within 90 days as per the City of San Antonio Charter. Please complete the attached form in its entirety and return to:

**San Antonio Water System  
Claims Administration  
P.O. Box 2449  
San Antonio, Texas 78298**

Please attach any documentation you wish the San Antonio Water System to consider in order to support your claim for damages (i.e. estimates, pictures, diagrams, bills, receipts, etc.).

**The San Antonio Water System cannot initiate its investigation until we have written notice of your claim.**

The San Antonio Water System recommends that if you have insurance coverage for your damaged property, you should also notify your insurance company when you send your notice of damages to the San Antonio Water System. Your insurance company may be an immediate source of assistance to you for your loss. Do not wait for someone to look at the damages, it is important that cleanup efforts are started as soon as safely possible. This will prevent additional damages.

**San Antonio Water System must complete its investigation to determine legal liability to base its settlement for damages or denial of such.**

Once your claim is received, it will be investigated by Claims Administration. Should you have any additional questions, please contact:

**Claims Administration  
(210) 233-2984  
Monday - Friday during business hours – 8:00am – 5:00pm**



NOTICE OF CLAIM AGAINST SAN ANTONIO WATER SYSTEM

PERSONAL INJURY-PROPERTY DAMAGE

FILE THIS CLAIM FOR AN INJURY OR PROPERTY DAMAGE WITH:

San Antonio Water System
Claims Administration
P.O. Box 2449
San Antonio, Texas 78298
Fax: (210) 233-4152

(Please Print or Type)

Claimant Name: Telephone No: Home Work

Mailing Address: City State Zip

If known, the TOTAL amount of your claim against SAWS is: \$

Describe in your own words WHERE, WHEN, and HOW the damage or injury occurred. Attach additional pages if necessary. Give names and addresses of others involved and/or witnesses, if known.

LOCATION (Please be specific):

Empty box for location details.

DATE OF LOSS: APPROXIMATE TIME: (A.M) (P.M.)

POLICE CASE # (if known):

DESCRIPTION OF HOW DAMAGE OR INJURY OCCURRED:

Multiple empty lines for describing the damage or injury.

DESCRIPTION OF INJURY OR PROPERTY DAMAGE:

(Attach good copies of all medical reports, medical bills and/or estimates of damages regarding this loss):

Multiple empty lines for describing the injury or property damage.

The foregoing is true and correct to the best of my knowledge. Claimant's Signature Date