



Claim for Reimbursement

If you incurred losses of clothing or belongings as a result of the steam incident at East 41st Street and Lexington Avenue on July 18, 2007, please provide the following information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone (____) _____ - _____ Email: _____

Con Edison Account Number: ____ - ____ - ____ - ____ - ____
(15 DIGIT NUMBER LISTED ON YOUR BILL – NOT APPLICABLE IF YOU DO NOT RECEIVE A CON EDISON BILL)

(CONTINUE ON A SEPARATE SHEET IF NECESSARY)

	ITEM	QUANTITY	COST
1			
2			
3			
4			

Total Amount of Loss: \$ _____ . _____

Please allow 30 days for review and processing of your claim.

All of the information provided on this claim form is true and accurate to the best of my knowledge and represents my actual losses.

(SIGNATURE – UNSIGNED CLAIM FORMS WILL NOT BE PROCESSED)

DATE

**SIGN AND RETURN
FORM TO:**

**CON EDISON
CLAIMS DEPARTMENT
PO BOX 801
NEW YORK, NY 10276**

OR FAX TO:

(212) 979-1278