



# VIRGIN ISLANDS WATER AND POWER



P.O. BOX 1450,  
St. Thomas, Virgin Islands  
00804-1450  
TELEPHONE: (340) 774-3552  
FAX: (340) 715-6574

## CLAIM FOR DAMAGES

**Directions:** Please complete this form and provide all requested documentation in order to ensure timely processing and investigation of your claim. If more space is needed for your request, please attach additional pages. Please note, per *Title 30 V.I.R.R. § 105-18*, the **Authority is not responsible to customers for damages incurred as a result of unforeseeable interruptions or invariable service characteristics in electrical services as a result of fluctuating power.**

## YOUR INFORMATION

Today's Date		Account Number	
Your Name			
Account Holder			
Service Address			
Service Address cont.			
Mailing Address			
Mailing Address cont.			
Phone Number(s)			
E-mail			

### Please specify the type of claim

- Vehicular:** Claims alleging damages to your vehicle by a vehicle owned by WAPA or an individual employed by WAPA.
- Water:** Claims alleging damages caused by water leaks or quality of water.
- Electric:** Claims alleging damages as a result of an electrical issue.
- Property:** Claims alleging damages to fence, household, or other property not mentioned above.
- Miscellaneous:** Claims outside of the categories above.



**VIWAPA Claims Form**

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Last Updated 4/3/2019

By submitting this claim, I certify that the information submitted is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Person Submitting Claim

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Submitting Claim

**To expedite the claims process, please submit the following documents along with your claim form:**

- (1) Receipts to show the value of the damaged items
- (2) Estimate of the costs to repair the damaged property
- (3) Two (2) estimates of the costs to repair the damaged vehicle (Vehicle Claims Only)
- (4) Receipt of the charges for any estimates
- (5) Police Report
- (6) Pictures of the issue or incident or the property/vehicle damaged
- (7) Any additional information that would validate the claim

Please submit this form as well as the additional documentation to:

**St. Croix Claims:**  
**Legal Department**  
**P. O. Box 1009**  
**Christiansted, VI 00821-1009**  
**Phone: (340) 773-2250**

**St. Thomas/St. John Claims:**  
**Legal Department**  
**P.O. Box 1450**  
**St. Thomas, VI 00804**  
**Phone: (340) 774-3552**