

Apartment Building Property Damage Claim Form

Claimant Information

Full Name

Phone Number

Email Address

Unit/Apartment Number

Building Address

Incident Information

Date of Incident

Time of Incident

Location in Building

Description of Damage

Suspected Cause

Property Damage Details

Damaged Property/Items

Estimated Cost of Damage

Is Immediate Repair Required?

Additional Information

Additional Comments/Information

Attachments (Photos/Docs)

Choose File

No file selected