

**Darlington County Water & Sewer Authority Claim Form**

Date \_\_\_\_\_

Person making claim \_\_\_\_\_

Address \_\_\_\_\_

Date of Occurrence \_\_\_\_\_

Location of occurrence \_\_\_\_\_

Describe damage or injury \_\_\_\_\_

\_\_\_\_\_

List any witnesses to the occurrence and contact information \_\_\_\_\_

Amount of Claim \_\_\_\_\_ (attach supporting bills, estimates, other documents)

Reason you feel Darlington County Water & Sewer Authority is liable for damage or injury \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Claimant

DCWSA Representative

\_\_\_\_\_

Claimant Address & Phone #

Date received by DCWSA