



## Reimbursement Form – El Segundo Hyperion July 2021 Incident

As we work to mitigate impacts to the El Segundo community following the Hyperion Water Reclamation Plant incident of July 11, 2021, and in an effort to assist in improving quality of life while we complete repairs, we are offering two options, noted below. Each affected household within the boundaries of Vista del Mar, Imperial Highway, El Segundo Boulevard, and Pacific Coast Highway may select one option. If you need assistance with this application, please call LA Sanitation & Environment's 24-hour Customer Care Center at 1-800-773-2489.

**To be eligible, your home must be within the boundaries of the map below.**



If your home falls outside the boundaries, please file a Claim for Damages with the City of Los Angeles Office of the City Controller. Please call the City's 3-1-1 hotline for assistance.

\* Required field.

Which option are you requesting? Please select only one. \*

- Option 1 - The City will reimburse households for air conditioner units if they don't already have them. For this purpose, LA Sanitation & Environment shall define air conditioning unit as air conditioners, fans, air purifiers, air filters, and associated installation. The limit will remain at a \$600 limit per household for homes 1000 square feet or smaller and a \$1200 limit per household for homes above 1000 square feet. Receipts are required for reimbursement within 14 days of purchase. This offer is valid from July 12, 2021 through August 26, 2021 unless otherwise extended in writing by the City of Los Angeles. Please read the attached release for additional details.
- Option 2 - The City will reimburse the household for one hotel room in Los Angeles County of up to \$182 per day and hotel self-parking for one vehicle per day. Meals and groceries will also be reimbursed at the rate of \$66 per day for each person currently residing full time in the household as noted on the completed application. Receipts will be required for the hotel and parking, but not for meals, groceries, or incidentals. This offer is valid from July 12, 2021 through August 26, 2021 (for hotel checkout the morning of August 27, 2021) unless otherwise extended in writing by the City of Los Angeles. Please read the attached release for additional details.

**Process for Reimbursement Program:**

1. Purchase your units or check into your hotel room if you meet the criteria.
2. Complete this form. All fields must be completed accurately and in full as indicated. All receipts and related documentation must be provided together.
3. Receive notification email from LASAN that your reimbursement request has been accepted. If we need additional information, we will contact you.
4. Anticipate reimbursement approximately 3-5 weeks after LASAN's receipt of your complete and accurate submission of the required documentation. Inaccurate, incomplete, or falsified submissions may result in delays or decline of your reimbursement.

For Frequently Asked Questions (FAQ) about the reimbursement process, please read the attached document.

\*\*\*Duplicate applications will result in previous applications under the same name, email address, and/or street address potentially being voided. Incomplete applications will unfortunately be declined and you will have to submit again. The most recent and complete application is the one that will be recorded and assessed for reimbursement.

**Please print legibly. Applications that we are unable to read will not be processed.**

Email \*

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\* Required field.

Please share your full LEGAL name. \*

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Please share your full home address, including unit number if applicable. \*

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What is the best phone number to reach you? \*

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What is the square footage of your home in El Segundo? Please do not include garages or outdoor space such as yards or patios. If we are unable to verify the square footage of your home online, we will request verification from you. \*

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Please provide the full legal name and date of birth of each person currently residing full time in your household (including yourself). This will determine your maximum per diem amount for meals and incidentals. \*

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\* Required field.

What issues and inconveniences have you experienced with regards to the Hyperion incident on July 11, 2021? Please provide details. \*

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Please check the box to acknowledge that all of the information you provided above is true and factual, and that to the best of your knowledge, you believe that you are eligible for reimbursement according to the terms in this document. \*

I agree

Please check the box to acknowledge that you have read the applicable release for the option chosen above and that by accepting reimbursement, you agree to the terms of the release.

I agree

**The following will be required to complete this form:**

**Option 1 - Air Conditioner Unit(s)**

1. Original, itemized receipt from purchase and/or installation - must include store/vendor name, date, item(s), price, taxes, and proof of payment in full.
2. Credit card statement, bank statement, or cancelled check as proof of payment (if you ordered online, the order confirmation will suffice if it shows your name, address, and payment method). You may redact any unrelated charges or other information you are uncomfortable sharing. Please do not redact your name or address.
3. Attached IRS Form W-9 completed and signed.
4. Provide proof of residency such as your most current utility bill or a copy of your valid state issued ID with address.

\* Required field.

5. Documentation of square footage of home such as Lease or Rental Agreement, accurate online listing for your property from a major site (ie Zillow, Redfin, Apartments.com, etc.), or official paperwork indicating renovations which increased the square footage, such as construction permits or LA County tax assessment documents. Please be sure to black out any confidential information from such documents prior to submission.

**Option 2 – Reimbursement for hotel, meals, and incidentals**

1. Hotel folio/receipt showing number of occupants, dates of stay, overnight hotel rate, overnight self parking rate for one vehicle, related taxes and tourism fees, and proof of payment in full. Most hotels are able to provide this for you, filtering out other expenses such as meals, movies, and phone calls. Receipts are not required for meals, groceries, or incidentals.
2. Credit card statement, bank statement, or cancelled check as proof of payment if not listed on the hotel folio/receipt. You may redact any unrelated charges or other information you are uncomfortable sharing. Please do not redact your name or address.
3. Attached IRS Form W-9 completed and signed.
4. Provide proof of residency such as your most current utility bill or a copy of your valid state issued ID with address.
5. You may submit receipts every Friday for hotel reimbursement if you wish, or you may wait until you check out of the hotel. However, receipts must be received within 14 days of hotel checkout.

It is important for the name and address on your application to match your name and address on the reimbursement form as well as your proof of residency.

What is the total amount of your reimbursement? \*

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\* Required field.

Please sign below to accept this offer of reimbursement regarding either Option 1 or Option 2 as noted on previous pages. \*

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Please mail the completed form, receipts, W-9, and other required documents to the following address:

Hyperion Water Reclamation Plant  
TSF 3rd Floor, Personnel MS 535  
12000 Vista Del Mar  
Playa del Rey, CA 90293  
Attn: Hyperion Reimbursement Program – El Segundo

We suggest sending via registered or certified mail so that the post office forwards you proof of delivery. We cannot be responsible for lost or missing documents. Documents mailed will not be returned.