



**CLAIM FOR DAMAGES**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Where did the damage occur? \_\_\_\_\_  
*Please list the exact location – be as specific as possible.*

Date damage occurred: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. p.m.

What was damaged? (If any appliances were damaged, please list manufacturer and model number.)  
\_\_\_\_\_  
\_\_\_\_\_

The alleged negligence of Thurston PUD, which allegedly makes the District liable for damages herein, consisted of doing or failing to do the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Copies of estimated cost of repairs or receipts for repair must accompany this claim form.**

Estimated cost of repair is \$ \_\_\_\_\_.

**If property is not repairable or cost to repair is above replacement cost, your documentation must accompany claim form.**

Replacement cost is \$ \_\_\_\_\_. The total amount of the claim is \$ \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Your claim will be considered only when this form is fully completed and bona fide cost estimates and/or receipts are attached. Please make a copy of your completed form for your records, and submit all documentation to Thurston PUD. Email to [PUDCustomerService@ThurstonPUD.org](mailto:PUDCustomerService@ThurstonPUD.org), fax to (360) 357-1172, or mail to the address listed below.**