



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, fax to (360) 357-1172, or mail to the address listed below.