

## Commissioners

Linda Oosterman – District 1 Vacant Position – District 2 Chris Stearns – District 3

## **CLAIM FOR DAMAGES**

Return one copy in the self-addressed envelope, and keep one copy for your files.

	Date:
Name:	
Mailing Address	Telephone :()
(if different from physical	address)
The exact place damages occurred:	
Date damage occurred:	Time of day:a.mp.m
What was damaged? (if an appliance, list m	nanufacturer and model number)
	eipts for repair, must accompany this claim form.
Estimated cost of repair is \$	<del></del>
claim form.	r is above replacement cost, documentation must accompan
Replacement cost is \$	
Total amount of claim is \$	
37 1 2011 11 1	Signad
ntion: Your claim will be considered when this form is properly completed bona—fide estimates of cost of repairs eccipted bill is attached.	SignedWitness
	Date