



Public Utility District No. 1 of Lewis County
 PO Box 330 / 321 NW Pacific Ave
 Chehalis, WA 98532
 Phone: 360-748-9261 Fax: 360-740-2455
 www.lcpud.org

CUSTOMER CLAIM FORM

ATTENTION: Your claim will be considered only when this report is properly completed AND estimates of the cost of repairs or receipted bill is attached. Once the completed Claim Form is returned to the PUD, an investigation will be completed and you will be notified of the findings.

CLAIMANT'S INFORMATION

Claimant's Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Mailing Address If Different _____

PROPERTY DAMAGED (attach additional information as needed, including relevant receipts or estimates of repairs)

Date of Damage _____ Time _____ AM PM

Describe Property Damaged _____

Location Where Damage Occurred _____ Estimated Cost of Repairs/Replacement _____

Describe In Detail What Happened (attach additional information as needed)

LIST ALL WITNESSES (attach additional sheet if needed)

Name _____ Phone Number _____

Address _____ City/State/Zip _____

Name _____ Phone Number _____

Address _____ City/State/Zip _____

SIGNATURE REQUIRED

Signature _____ Date _____