



Liberty Utilities
(Calpeco Electric) LLC
Damage to Third Party Claim Form

Claim No. _____

Date of loss: ___/___/___ Time of loss: ___ AM ___ PM Date claim received: ___/___/___

Damaged party:

Name _____ Home phone # _____ Work phone # _____

Mailing address: _____ City _____ State _____ Zip _____

Location of occurrence:

Address: _____ City _____ State _____ Zip _____

Damage reported by: (customer's signature) _____

Was this an outage? ___ Yes ___ No

Was this a voltage fluctuation (power surge)? ___ Yes ___ No

DAMAGE TO CUSTOMERS APPLIANCES/PROPERTY

Table with 5 columns: Appliance Type, Year, Model, Price, Repaired by (Attach Receipts). Contains 4 rows of blank lines for data entry.

Motor driven equipment: ___ Single phase ___ Three phase

Table with 5 columns: Equipment Type, Year, Model, Price, Repaired by (Attach Receipts). Contains 3 rows of blank lines for data entry.

Surge Protection ___ Yes ___ No

If yes, type of Surge protection: _____

Explanation of damage: _____

(OVER)