

WORK ORDER	NO:	

## NOTICE OF CLAIM OF PERSONAL INJURY OR PROPERTY DAMAGE

## FILE THIS CLAIM FOR AN INJURY OR PROPERTY DAMAGE WITH:

NEW BRAUNFELS UTILITIES RISK MANAGEMENT P.O. BOX 310289 NEW BRAUNFELS, TEXAS 78130-0289

FAX: (830) 629-8458					
Name:	Telephone No:	Home Work	()		
Name.	releptione No.	Other			
		Outlot	(/		
Address:			State	 Zip	
	City		·		
I confirm that the following statements are to	rue and correct to the I	pest of m	ny knowledge.		
Signature	Date				
If known, the <b>TOTAL amount of your claim</b> ag	ainst the NEW BRAUNF	ELS UT	LITIES is: \$		
DESCRIBE HOW THE ACCIDE NT OR DAMA	GE OCCURRED (Attac	ch additio	onal pages if nec	essary). Please	
attach copies of medical report, bills and damag				27	

mage Time of Acc	ident or Damage	<i>A.M.</i>	P.M
YEE(S) INVOLVED (if any):			
	the name, address and t	elephone numbe	er of ar
	Telephone Number		
Addition	Тегерпене	<u> </u>	
	YEE(S) INVOLVED (if any):	YEE(S) INVOLVED (if any):  TNESS INFORMATION: Please give the name, address and to d or each witness.	

Your claim will be investigated and an adjuster may be assigned. If you have any questions please contact:

NEW BRAUNFELS UTILITIES
RISK MANAGEMENT
P.O. BOX 310289
NEW BRAUNFELS, TEXAS 78130-0289
830-629-8448
claimsadmin@nbutexas.com