



**LOCATION** (Please be specific):

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**Date of Accident or Damage** \_\_\_\_\_ **Time of Accident or Damage** \_\_\_\_\_ **A.M.** **P.M.**

**NAME OF NBU EMPLOYEE(S) INVOLVED** (if any): \_\_\_\_\_

**OTHER PARTY OR WITNESS INFORMATION:** Please give the name, address and telephone number of any other person involved and or each witness.

<b>Name</b>	<b>Address</b>	<b>Telephone Number</b>

**POLICE CASE NUMBER** (if applicable): \_\_\_\_\_

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

**NEW BRAUNFELS UTILITIES  
RISK MANAGEMENT  
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NEW BRAUNFELS, TEXAS 78130-0289  
830-629-8448  
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