

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:	Work	()	
		Other	()	
Address:				
	City		State	Zip
I confirm that the following statements are	true and correct to the b	est of m	ıy knowledge.	
Signature			Date	
If known, the TOTAL amount of your claim a	against the NEW BRAUNF	ELS UTI	LITIES is: \$	
DESCRIBE HOW THE ACCIDENT OR DAM	AGE OCCURRED (Attac	h additio	nal pages if nece	ssary). Please
attach copies of medical report, bills and dama	age estimates related to yo	our claim	•	
	1			
				
-				

Date of Accident or Dama	ageTime of Acc	Time of Accident or Damage		P.M			
NAME OF NBU EMPLOYE	FE(S) INVOLVED (if any):		***************************************				
OTHER PARTY OR WITNESS INFORMATION: Please give the name, address and telephone number of ar other person involved and or each witness.							
Name	Address	Telephone	elephone Number				

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