

LOCATION (Please be specific):

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.

Name	Address	Telephone Number

POLICE CASE NUMBER (if applicable): _____

I confirm that the following statements are true and correct to the best of my knowledge.

Signature Date

Your claim will be investigated and an adjuster may be assigned. Please note that submitting this “Notice of Claim” does not ensure the claim will be approved and damages paid. You will be notified of the decision on your claim.

If you have any questions please contact:

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