

## NOTICE OF CLAIM OF PERSONAL INJURY OR PROPERTY DAMAGE

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

NEW BRAUNFELS UTILITIES RISK MANAGEMENT 1488 S SEGUIN AVE NEW BRAUNFELS, TEXAS 78130-3853

Name:	Telephone No:	Home Work Other		
Address:	City		State	Zip
If known, the TOTAL amount of your claim against the DESCRIBE HOW THE ACCIDENT OR DAMAGE OF attach copies of medical report, bills and damage esting	CURRED (Attack	n addition		

Date of Accident or Damag	je Time of Acc	ident or Damage	A.M. P.M.			
NAME OF NBU EMPLOYEE	E(S) INVOLVED (if any):					
<b>OTHER PARTY OR WITNESS INFORMATION:</b> Please give the name, address and telephone number of any other person involved and or each witness.						
Name	Address	Telephone Numbe	er			
DOLICE CASE NUMBER (#	applicable):					

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:

NEW BRAUNFELS UTILITIES
RISK MANAGEMENT
1488 S SEGUIN AVE
NEW BRAUNFELS, TEXAS 78130
830-629-8448
claimsadmin@nbutexas.com