



703 West Tudor Road, Suite 101 Anchorage, Alaska 99503

Phone (907) 771-5750 Fax (907) 561-6206

CONSUMER REPORT OF DAMAGES

Utility Information

Utility Name: _____

Contact Person: _____

Contact Phone No.: _____ Email: _____

Consumer Information

The undersigned submits the following report and information relating to damaged property.

Name: _____ Account Holder: Yes No *(If no, please provide account holder's info.)*

Hm. Phone: _____ Cell Phone: _____ Wk. Phone: _____

Mailing Address: _____

Email: _____ Consumer Account No.: _____

ONLY FILL IN THIS SECTION IF YOU ARE NOT THE ACCOUNT HOLDER

Account Holder's Name(s): _____

Hm. Phone: _____ Cell Phone: _____ Wk. Phone: _____

Mailing Address: _____

Email: _____

Loss

Date of Loss: _____ Time: _____ AM PM

Location of Loss: _____

Nature of Occurrence: Power Outage Power Surge Weather: _____

Other: _____

Description of Occurrence:

Other Comments:

Description of Damaged Property *(Please include copies of all receipts)*

Item Description	Age of Item	Repaired or Replaced?	Replacement Cost	Repair Cost
Item: Make: Model: Serial No.:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Item: Make: Model: Serial No.:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Item: Make: Model: Serial No.:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Item: Make: Model: Serial No.:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total: \$				

Alaska Statutes require that this notice be included on all claim report forms:

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Reported By:

(Print Name)

(Signature)

(Date)