



**Public Utility District No. 1  
of Thurston County**

**Commissioners**  
Linda Oosterman – District 1  
Russell Olsen – District 2  
Chris Stearns – District 3

### CLAIM FOR DAMAGES

Return one copy in the self-addressed envelope, and keep one copy for your files.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Telephone : (\_\_\_\_) \_\_\_\_\_  
No. & Street City

Mailing Address: \_\_\_\_\_  
(if different from physical address)

The exact place damages occurred: \_\_\_\_\_

Date damage occurred: \_\_\_\_\_ Time of day: \_\_\_\_ a.m. \_\_\_\_ p.m. \_\_\_\_

What was damaged? (if an appliance, list manufacturer and model number) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The alleged negligence of Thurston PUD, which allegedly makes the District liable for damages herein, consisted of doing or failing to do the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Copies of estimated cost of repairs or receipts for repair, must accompany this claim form.**

Estimated cost of repair is \$ \_\_\_\_\_

If property is not repairable or cost to repair is above replacement cost, documentation must accompany claim form.

Replacement cost is \$ \_\_\_\_\_

Total amount of claim is \$ \_\_\_\_\_

Attention: Your claim will be considered only when this form is properly completed and bona-fide estimates of cost of repairs or receipted bill is attached.

Signed \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_