

STATEMENT OF CLAIM AND DAMAGES

UNITIL CLAIM NUMBER:

RETURN COMPLETED FORM AND ATTACHMENTS TO: Kristina Guay, Unitil Service Corp., 6 Liberty Lane West, Hampton, NH 03842

YOUR NAME:	DAYTIME PHONE:	EVENING PHONE:
NAME (__ SAME AS ABOVE) AND ADDRESS OF OWNER OF DAMAGED PROPERTY:		
ACCOUNT NUMBER:	DAYTIME PHONE:	EVENING PHONE:
DATE OF DAMAGE:	TIME OF DAMAGE:	LOCATION OF INCIDENT (__ SAME AS ABOVE)

DESCRIPTION OF HOW DAMAGE OCCURED:

DESCRIPTION OF PROPERTY MAKE, MODEL, SERIAL #:	DATE PURCHASED:	ORIGINAL COST:	REPAIR COST:	REPLACE- MENT COST:	FOR UNITIL USE:	

ATTACH ITEMIZED ESTIMATE OF COST OF REPAIR AND/OR REPLACEMENT OF EACH ITEM LISTED ABOVE.

YOUR SIGNATURE:	DATE SUBMITTED:
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USE REVERSE SIDE IF NEEDED TO LIST ADDITIONAL ITEMS OR FOR ADDITIONAL DESCRIPTION OF HOW DAMAGE OCCURRED.

(THE SOLE PURPOSE OF THIS FORM IS TO GATHER INFORMATION AND SHOULD NOT BE CONSTRUED AS AN ADMISSION OF LIABILITY BY UNITIL)