



Statement of Damage

Division

Date

E-Mail Address

Phone Number

First & Last Name

Street Address

City

State

Zip Code

Date of Incident

**Time of
Incident**

Location of Incident

Cause of Damage

If Other, Describe

Please Describe What Happened. Be As Detailed As Possible

Damaged Item	Original Cost	Age	Repairable?
Estimated Cost To Repair	Estimate By		Actual Cost (Please include receipt)
Repair Made By			
Additional Remarks			

Signature and Date (Printed name will serve as electronic signature)

Return Immediately to:
UniSource Energy Services
PO Box 711, Mail Stop HQE 810
Tucson, Az 85702
Or
claim@uesaz.com