

## **Statement of Damage**

| Date              | E-Mail Address      |                   | Phone Number |  |  |
|-------------------|---------------------|-------------------|--------------|--|--|
| First & Last Name |                     | Street Address    |              |  |  |
| City              |                     | State             | Zip Code     |  |  |
| Date of Incident  | Time of<br>Incident | Location of Incid | ent          |  |  |
| Cause of Damage   |                     | If Other, Describ | e            |  |  |

Please Describe What Happened. Be As Detailed As Possible

|   | Original                    |     |                                       |
|---|-----------------------------|-----|---------------------------------------|
| Damaged Item                              | Cost                        | Age | Repairable?                           |
| Estimated Cost To Repair                  | Estimate By                 |     | Actual Cost (Please include receipts) |
| Repair Made By                            |                             |     |                                       |
| Additional Remarks                        |                             |     |                                       |
|   |                             |     |                                       |
|   |                             |     |                                       |
|   |                             |     |                                       |
|   |                             |     |                                       |
|   |                             |     |                                       |
|   |                             |     |                                       |
| Signature and Date (Printed name will ser | ve as electronic signature) |     |                                       |
|   |                             |     |                                       |
|   |                             |     |                                       |

## **Return Immediately to:**

Tucson Electric Power
PO Box 711, Mail Stop HQE 810
Tucson, Az 85702
Or
claim@tep.com

You may voluntarily provide the personal information required to complete this form. TEP uses this information to fulfill the purpose for which it was obtained. To find out more about the categories of personal information TEP collects and the purposes for which such information will be used, please refer to our privacy policy at tep.com/privacy.