



CLAIM FORM

(Please Print Clearly)

Unitil Claim number: _____

Your Name _____
Last Name First Name

Mailing Address _____
House No. and Street

Town or City State Zip Code

Business _____
Business or Company Name (If Applicable)

Your Telephone _____
(Area Code) Home Telephone Number (Area Code) Home Telephone Number

Account No. _____
Account number found on utility bill

Location of Incident _____
Town or City Street Name

Date and Time of Loss _____
Date Time

Weather Conditions Rain Wind Lighting Snow Fair Other _____

Loss is Related to:
Electric
Gas

Briefly describe the events causing the damage/loss or personal injury. If known, include the name of Unitil employees or contractors involved.

List the items damaged: **YOU MUST INCLUDE MAKE, MODEL NUMBER and DATE OF ORIGINAL PURCHASE and PURCHASE PRICE.** Enclose a written repair bill or estimate for each damaged item. If items are not repairable, enclose a statement from a repairman stating the cost to repair them would exceed the cost to replace them along with a copy of the original purchase receipt or a written estimate of the replacement cost. Depreciation is taken on replacement items.

Claimant's Signature _____ Date _____