



B R O W N S V I L L E
PUBLIC UTILITIES BOARD

CLAIM FORM

Return Completed Form To:
BPUB Risk Management Department
P. O. Box 3270, Brownsville, Texas 78523-3270

1425 Robinhood Drive, Brownsville, Texas
Fax Number : (956) 983-6289
Email Address: risk@brownsville-pub.com

NOTE: In order for this form to be properly processed, please complete the entire form and provide accurate information. The submission of a claim form containing false information is a third degree felony under Chapter 37 of the Texas Penal Code. BPUB reserves the right to deny the claim and to pursue criminal charges against any individual who provides false information. Any knowing or negligent misrepresentation of a material fact or any failure to make a complete disclosure of any requested information may be deemed false information.

CLAIMANT NAME		ADDRESS		TELEPHONE NO.	CELL PHONE NO.
					WORK PHONE NO.
DATE & TIME OF ACCIDENT OR LOSS <input type="checkbox"/> AM <input type="checkbox"/> PM			LOCATION OF ACCIDENT OR LOSS		
REPAIR/DAMAGE/LOSS ESTIMATE <input type="checkbox"/> YES <input type="checkbox"/> NO		AMOUNT OF CLAIM ESTIMATE \$		BPUB ACCOUNT NUMBER	
DESCRIPTION OF ACCIDENT OR LOSS (If you need additional space, please attach a separate sheet)					
ADDITIONAL CLAIMANT NAME		ADDRESS		TELEPHONE NO.	
CLAIMANT AUTO: MAKE, YEAR, PLATE NO. (for Auto Claim)		CAR OR PROPERTY INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO		COMPANY OR AGENCY NAME & POLICY NUMBER (include contact information)	
LOCATION OF CLAIMANT'S VEHICLE (for Auto Claim)					
CLAIMANT'S OCCUPATION			CLAIMANT'S EMPLOYER		
Name of Witness		Address		Telephone Number	
Additional Witness		Address		Telephone Number	
Print Name		Signature		Date	

PLEASE ATTACH ANY SUPPORTING INFORMATION INCLUDING BUT NOT LIMITED TO RECEIPTS AND DAMAGE/LOSS ESTIMATES