



ARECA Insurance Exchange
 703 West Tudor Road, Suite 101
 Anchorage, AK 99503
 Phone: (907) 561-6106 Fax: (907) 561-6206

CONSUMER REPORT OF DAMAGES

Reserved for Utility Use

Received By: _____	Service Location: _____
Date: _____	Account Number: _____ Pole Number: _____
X-Reference Data: _____	Date Service Installed: _____

Consumer Report

The undersigned submits the following report and information relating to damage to property:

1) CONSUMER INFORMATION

Consumer Name: _____

Physical (Street) Address: _____

Mailing Address: _____ City _____ State _____ Zip _____

Day Phone: _____ Evening Phone: _____

2) OCCURRENCE INFORMATION

Date of Occurrence: _____ Time of Day: _____ AM/PM

Name of any utility employee you have contacted about the occurrence:

Description of Occurrence:

Nature of Occurrence (outage, tree cutting, power surge etc.): _____

Description of damaged property:

Item Description	Purchase Date	Purchase Cost	Repair Cost
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

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If property was damaged, have you repaired or replaced the items listed herein as damaged? If so, please include copies of receipts for consideration.

If injury resulted, have you sought treatment? If so, please provide the name of the doctors and clinic/facility that treated you and on what date you first sought treatment.

Other Information: _____

Additional Comments: _____

I have read the matters and statements made in the above report and I know the same to be true of my own knowledge, except as to those matters stated upon information provided by others (such as an estimate for repair) which I believe to be true.

Signed this _____ day of _____, 2002.

Consumer Signature

**Alaska Statutes require that this notice be included on all claim report forms:
A person who knowingly and with intent injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.**