



DAMAGE CLAIM FORM

INSURED		INJURED / OWNER	
BEAR VALLEY ELECTRIC SERVICE, INC. <i>A Subsidiary of American States Water</i> 42020 GARSTIN ROAD / PO BOX 1547 BIG BEAR LAKE, CA 92315		NAME: _____ MAILING ADDRESS: _____ CITY, STATE, ZIP: _____	
TELEPHONE #	(800) 808 - 2837	DAYTIME TELEPHONE #	()
FAX #	(909) 866 - 5056	FAX #	()
LOSS			
DATE AND TIME OF DAMAGE: _____			
LOCATION OF DAMAGE: _____			
DESCRIPTION OF INCIDENT: _____			

PROPERTY DAMAGED			
ITEMIZATION OF DAMAGED PROPERTY: (PLEASE ATTACH RECEIPTS)			COST OF REPAIRS:
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL COST OF REPAIRS:			\$
SIGNATURE:			Date:
FOR BVES USE ONLY			

Date Received:	
Investigation:	

DAMAGE CLAIM FORM

FIELD INVESTIGATION		
DATE:	EMPLOYEE:	SUPERVISOR: