KANSAS CITY BOARD OF PUBLIC UTILITIES
PROPERTY CLAIM INVENTORY WORKSHEET

Name of Claimant: ______________________ Date of Loss: __________ Location of Loss: ______________________

						FOR BPU USE ONLY	
Quantity	Description of Property Serial Number	Date of Purchase Place of Purchase	Original Cost	Replacement Cost & Source	Repair Cost & Source	Depreciation % Amount	Actual Cost Value
					TOTAL:		

I, ______________________, certify that I am legal owner of said property and hereby agree to present and/or submit such property to the Kansas City Board of Public Utilities for inspection and/or salvage upon their request. I also agree to provide receipts, canceled checks and/or other documents that may be required to validate the age and ownership of said property.

Please mail this form to:

Kansas City Board of Public Utilities
Attn:Claims
6742 Riverview Avenue
Kansas City, KS 66102

Or return electronically by going to BPU.com/Claims

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Signature

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