



Claim for Damages Report

Please provide a complete description of the incident and damages below:

Name of Claimant(s)		Mailing Address			
Home or Mobile Phone No.	Business Phone No.	Email Address	Police Report No. (If Available)		
Location/Address of Occurrence		Date of Occurrence	Time of Occurrence	AM	PM
Nature of Claim					
Give complete description in the space provided below for the following: what happened; the damages and/or injuries; and why you believe the Kansas City Board of Public Utilities is responsible. If necessary, attach additional pages explaining details about the claim. Claimant must retain all damaged property for inspection by a Kansas City Board of Public Utilities Representative. Note the claim reimbursement is at the discretion of the Kansas City Board of Public Utilities.					
Note: Submission of this form <u>does not</u> satisfy the "Notice of Claim Requirements Pursuant to the Kansas Tort Claims Act" and/or the requirements of KSA 12105b					
BPU Representative	Department	Date	Signature of Claimant	Date	
Keep a file copy of this claim for your reference and return the original by mail: Kansas City Board of Public Utilities Attn: Claims 6742 Riverview Avenue Kansas City, KS 66102 Or upload electronically by going to BPU.com/Claims					