



CLAIM FORM

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|---|---|
| <input type="checkbox"/> Tampa Electric Company | <input type="checkbox"/> Peoples Gas System |
|---|---|

| | | |
|---------------|------|--------|
| Name: (First) | (MI) | (Last) |
|---------------|------|--------|

Address:

| | |
|-------------------|---|
| City, State, Zip: | Location of incident (if different from mailing address): |
|-------------------|---|

| | |
|------------|----------------|
| Phone: () | Email Address: |
|------------|----------------|

Name on Account:

| | |
|-----------------|---------------|
| Account Number: | Meter Number: |
|-----------------|---------------|

Date (Required) and Time (If known)

Did you place a call to Customer Service? Yes No Did a TECO technician respond? Yes No

Incident Description:

Please list your damaged items in the chart below. **For large items** (A/C, Washer/Dryers, Refrigerators, etc.): you must provide a repair estimate. If the item(s) are deemed non-repairable, please have a licensed technician provide a “non-repair statement” in addition to a comparable replacement estimate. **For all other items:** provide a comparable replacement estimate. Store or internet estimates showing the item(s) and price(s) are acceptable.

| Damaged Item | Include full description – Year, Brand, Model, Serial Number <i>(required)</i> | Age <i>(required)</i> | Repair/Replacement Cost |
|--------------------|--|-----------------------|-------------------------|
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| | | | |
| Total Claim | | | \$ |

****Do not discard any items until your claim is settled. Perishable property should be photographed but not maintained. Photos should accompany your claim form. Please send the claim form and all supporting documents to ClaimsMgmt@tecoenergy.com. If you have questions regarding this process, you may leave a message at (813) 228-1415.**

I certify that the expenses for which I am seeking reimbursement have been incurred by me. I further certify that these expenses have not been previously reimbursed, nor shall reimbursement be sought from any other company (including insurance).

Claimant Signature _____ Date _____

Property Owner Tenant